within 24 hours ofter death. Page

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARKATER DEPARTMENT COSMI The second secon Service . . The second tool willenglab took IS OTHER WARRENT THE TOTAL PRINTS OF THE PERSON . . . And County S to the county of the county that I county that And the same of the same of the B.Y UAARUA LSGT VOIN DEI VIEIDEIL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05458 **CERTIFICATE OF DEATH** Red, Dist. No. With the PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Md . b. COUNTY Prince o. COUNT MARYLAND Prince George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Cheverly Seat Pleasant, Md li dava d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Prince George General Hospital D. Street 2. NAME OF First 4. DATE Middle Month DECEASED OF DEATH (Type or print) Mav Grace MAY Adams 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months camplete Female WIDOWED V DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup user 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician havrs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address tending (Daughter) Same As Above Duchene 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY IHome, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from 195 Zthat I last saw the deceased alive on and that death accurred at M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE DIR ğ P shoul

William Brainin

22C-NAME OF CEMETERY OR CREMAJORY

05440

George

Day

Doys

(County)

REGISTRAR'S SIGNATURE

240. RECHA BY REGISTRAR

29

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗍

NO D

(Stole)

DATE SIGNED

YES NO 4

1957

page 0 VS A15 (4)

FUNER 3 PHYSICIAN'S

NAME (Type)

220. BURIAL CREMATION

TREMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

discribed.

DECELVED S 1957

** NULL S NULL

** NUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05459

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Prince Georges	MARYLAND	2. USUAL RESIDENCE 0. STATE	(Where deceased		ioni Residence be Montgo					
and give nearest tow	(If outside corporate limits, write RURAL rn) everly	D.O.A.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Springs								
	tal or institution (if not in eorges General		d. STREET ADDRES	S			o. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	George	Richard	Addison	4. DATE OF DEATH	Manth	1 Doy	Year 19 57				
s. sex Male		RRIED T NEVER MARRIED TO	7-19-12	9.	AGE (In years less birthday) yrs.	Months Days	IF UNDER 24 HRS. Hours Min.				
during most of worki	ION (Give kind of work dane loing life, even if relired) Operator	Construction	Marylan 14. Mother's Maide	nd	try)	12. CITIZEN C	•A•				
	eah Addison VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	Alci PROFEMANT	nda Proci	Address						
Conditions, if a gave rise to imme (o), stoting the couse last. PART II. OT	underlying DUE TO	contributing to DEATH BUT		RMINAL DISEASE CO	ONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
PART II. OT 200. EXTERNAL CA PRIMARY TO CO CAUSE OF DEATH. 20c. TIME OF INJU 10.000 c. m.	DITRIBUTING While JRY Month, Day, Yeor 20 Was at	d. INJURY OCCURRED 200. PLA hile / Nat while world of wark St	actor it ov CE OF INJURY (Home, flory, street, office bldg., ate propert	orm, 20f. (City or etc.)	and pin	(County)	n beneath. (Stote) Geo. Md.				
actual signature		e remains described about N. Accident X. Sui	M.D. CHIEF MEDICAL ASSISTANT MED	ide 🔲, Unde	etermined co		, and find that				
REMOVAL (Specify Burial	5/8 /57	22c. NAME OF CEMETERY OR Ash Memoria	1,	Sandy	N (City, town, o	200	(Stote)				
23 EDINERAL DIRECTOR	LI Survall	Rookville, Md		MAY 8 57	245. REGIS	rar's signature	RE				

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DE TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prid 5 burial. Tremation.

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VS. A15ME(S) SM 9/55

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12		ER'S CERTIFICATE OF DEATH Reg. Dist. No. 23	+
	1. PLACE OF DEATH 6. COUNTY Prince George's MARY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission and b. COUNTY Prince Ge	
M	b. CITY OR TOWN (It outside corporate timits, write RURAL TOTT Washington Transie)
00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address Piscataway Creek	d. STREET ADDRESS Box 92 o. 15 RESI ON A YES	FARM?
	3. NAME OF DECEASED (Type or print) Cecil Gilbert	Aleshire, JR. 4. DATE Manth Doy Year Aleshire, JR. 4. DATE May 7 19	
	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Anamarat 2 7005 (5 Tyrs.) Months Days Hours A	Aîn.
7)	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Muring most of working life, even if refired) Automobile	Virginia. 12. CITIZEN OF WHAT CO	DUNTRY?
	Cecil G. Aleshire Sr.	14. MOTHER'S MAIDEN NAME Rada Turner	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 16. SOC	Loreta Aleshire same as # 2	
J	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Solver in the cause (a), stating the underlying cause last. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Asphyxia Due To Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH	
Ò	CATIO	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES 1 1. RRED. (Enter nature of injury in Part I or Part II of Item 18.)	TOPSY KED?
	PRIMARY M or CONTRIBUTING Fell from	a row boat into the creek	(State)
16	Haur a. m. 5/7 1957 White of work of work	foctory, Creek office bidg., etc.) Fort Washington P.G	. Mc
	21. I certify that I taak charge of the remains describe death resulted from: Natural causes . Accident	, Suicide , Hamicide , Undetermined cause .	nd that
oval.	SIGNATURE CASALES JAMES I. BOVD	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MAN 7. 1957	NED
or removal.	EXAMINER'S James I. Boyd 220. BLIAL CEMATION, 22b. DATE THEREOF 22c. NAME OF CEMET	ASSISTANT MEDICAL EXAMINER May 7, 1957	CHA

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please extent

MEDICAL EXAMINATES CERTIFICATE DE DELETE

Action of the Section



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BUREAU V. S.

1.	- 7	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1/2	-/		05461 CERTIFICATE OF DEATH Reg. Dist. No. 259
Page will	M		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. STATE b. COUNTY b. COUNTY
rral d			CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
on July		_	RURAL and guy nearest town)
by the	1-		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION H/3 le with life and a farm? YES NO
324 ho			NAME OF DECEASED Type or print Plant 1907
etely fi		5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 12 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1
cuted appear	,1	100	USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPIACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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ician ician re offer		13.	FATHER SMANE 14. MOTHER'S MAIDENTIAME OLD INCHES
phys emov Phou	v	15 Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT () Address Address
ding ose r in 73			18/CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
atten o ple with			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b): PART I. DEATH WAS CAUSED
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signe signe			cotte (a), stating the under- lying cause last.
sicio sicio rans		20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
he has has high		CATION	PERFORMED? YES NO ID
IAN: 1 ending ficate ficate the bu		CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.)
HYSIC or off is certi use as notion.		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. D. m. 19 While Nal while of work at work a
pital er th for		2	
Afriched			21. I certify that I attended the deceased from Ittery 17, 1956, to Iron 27, 1957, that I last saw the deceased alive on Iron 26, and that death occurred at 4 AM, from the causes and on the date stated above.
THE COM			ADDRESS (Street, city or town, slate) DATE SIGNED
REG D	3		SIGNATURE State to the Comen Mo. 4182 Bulling Sh formal bid shift
retoir RAL D shaylo		L	PHYSICIAN'S NAME (Type) Robert S. McCeney, M.D., 402 Main St., Laurel, Md.
HOSF noy be FUNE age 3		220	BURIAL CREMATION, 226. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, town, or county), (State)
P P P P	15	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 245, JEC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ADDRESS
15M 9/55		4	and the same and the same of the same of

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BUREAU Y. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 05462 Ren Dist No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY OSTATE b. COUNTY J MARYEAND b. CITY OR-TOWN IIf outside corporate limits, write 14 JENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS. e. IS RESIDENCE OR INSTITUTION YES NO Z NAME OF 4 DATE Middle Last Month Year DECEASED OF (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE MARRIED WEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IFTINDER LYEAR IF UNDER 24 HRS last birthdoy) Months Days DIVORCED T WIDOWED F . YES 160 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicio mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 136. SOCIAL SECURITY NO. 17. INFORMANT Address FYEL to be unknown? (If yes, give war or dates of service) Buipua CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONNET AND DEATH 畆 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** ij. Conditions, if any, which gave rise to immediate Pe P DUE TO couse (a), stating the underlying couse tast. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IN 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, +20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg, etc.) Hour a. n. While Not while 19 at work at work n. m 21. I certify that kattended the deceased fram 19. I fhat I last saw the deceased _, and that death occurred at M. from the causes and an the date stated above. alive on ADDRESS (Street, city oc town, stote) DATE SIGNED ACTUAL SIGNATURE a P PHYSICIAN'S NAME (Type) FUNER 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATÚRE **ADDRESS** D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

BUREAU V. E.

VS A15 (4) 15M 9/55

NARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1
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N

CERTIFICATE OF DEATH

05446 Reg. Dist. No.

		05	453	CERTIF	IC/	ATE OF [DEATH	1		Reg. Dist		0440
	COUNTY DY	nce Ceorges	3	MARYL	AND	a. STATE	DENCE (Whe		d lived If institute b. COUNTY			
b.	CITY OR TOWN (I RURAL and give in Chever		ts, write	c. LENGTH OF STAY II	N 1b	12		·	orale limits, write R			
d.	NAME OF HOSPIT	Caorges Ger		oddress)		d STREET A		127000	l Pd			IS RESIDENCE ON A FARM? (ES NO A
3. NJ DE (T)	AME OF ICEASED ype or print)	Agnes	_	Middle		Arnold	ıl	4. DATE OF DEATH	Mon		Day	Year 19 5 7
5. SE	x male	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIED		B. DATE OF BIRT 26 M.	н archl8	79	9. AGE (In years last birthday) 78 yrs	IF UNDER T		UNDER 24 HRS
10a 1	USUAL OCCUPATION during most of work NONG	ON (Give kind at wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS	STRY 11. BIRTHPI		ır fareign a	auntry)	12. CITI		WHAT COUNT
13. FA	ATHER'S NAME					14. MOTHER'S	MAIDEN N	AME	-/			
	?	Kyl	e			A	gnes i	Raybu	rn			
15 W (Yes, a		R IN U. S ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.		Mrs Wil	liam I	(Man	Add		gton	D. C.
1	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (d	1	ne for (0), (b), and (c)]	ai	uria	litis				ONSET	AL BETWEEN AND DEATH
	Canditions, if p gave rise to i cause (a), stating lying cause last.	mmediate the under-)									P
CATION	Sty	perleur.	ve a	THEN WHILE	ers	hie wa	ut a	1 4-CA	LCONDITION GIV	EN IN PART		PERFORMED?
2 I C	OP CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature o	if injury in Po	art I ar Por	1 II of item 18.)			
MEDICAL	Oc. TIME OF INJUR Hour a. 51. p. m.	Y Month, Day, Ye	While of war	Not while	loe. PLA	ACE OF INJURY (tary, street, affici	Hame, farm, e bldg., etc.)	20f. (Cit)	or lawn)	(Co	ounty)	(State
C	alive on YV	at 1 attended the	deceas					DORESS IS	the causes of treet, city of town,	and on the	ast saw e date	the decease stated abo
\$	CTUAL IGNATURE	ruin a	Val	ur _	/	м.о. 30 -	= Pris	GEO G	ld/ free	nbel	671	454
	HYSICIAN'S KAME (Type)	Dr. Hans	wodak									
220. [BURIAL CREMATIC REMOVAL (Specify) Prematio	n 226. DATE THERECO)F	Port Line					tion (City, town, o	. ,	nvila	(State)
	JNERAL DIRECTOR			ADDRESS	- V.L.	i or oma	24a. REC'D			STRAR'S SIGN		100
	Gascl	n's Sons H	yatt.	sville, Man	ryla	and.	DATE .	- 100	7 200	-	1	

13 V 13 5 5 1

BUREAU Y. S

115447

. IS RESIDENCE ON A FARM?

YES NO

Yeor

19

IF LINDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

Rea, Dist. No.

IF UNDER TYEAR

Days

Months

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES IN NO (Stote) (County) 1952, to 5 - 2 3 1952 that I last saw the deceased ADDRESS (Street, city or town, state) DATE SIGNED LOCATION (City, town or county) 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

0

BURIAL CREMATION.

REMOVAL (Specify)

TECET VE VAV

BUREAU V. E.

MA	RYLAND ST	ATE DEP	ARTMENT	OF HEALTH-	-BALTIMORE,	18
05465	MEDICAL	EXAM	INER'S C	ERTIFICATE	OF DEATH	-

	Dist.	5	4	Л.	1
	- 0	U	4	士	()
on.	Dist.	Йe			

D. CITY OR TOWN (IT envise suppress terms, write RALL c. LENGTH OF STAY IN 16 Do. C. CITY OR TOWN (IT outside corporate limits, write SURAL and give necessary town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Georges General Hospital 3. NAME OF HOSPITAL OR INSTITUTION (IT not in hospital, give street address) Prince Georges General Hospital 3. NAME OF HOSPITAL OR INSTITUTION (IT not in hospital, give street address) Prince Georges General Hospital 3. NAME OF HOSPITAL (IT NAME OF HOSPITAL) Prince Georges General Hospital 3. NAME OF HOSPITAL (IT NAME OF HOSPITAL) Prince Georges General Hospital 3. NAME OF HOSPITAL (IT NAME OF HOSPITAL) Prince Georges General Hospital Middle William Barlow William Barlow William Barlow Sr Date of Hospital William Barlow Goldenbergs Maryland 10. USAA OCCUPATION (Give lind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHLACE (Stete or foreign country) Labourar Goldenbergs Maryland 12. CHIZEN OF WHAT COUNTRY DISTINCT OF WHAT CO	1. PLACE OF DEATH					2. USUAL RESI	PENCE (W	here deced			ion: Residen	ce before	admission)	
Charge of the Service Invalidation of the Control o		rince Georg	30	o. STATE Maryland b. COUNTY										
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if nor in hosping), driverse deducted to N. AFRIET ADDRESS Prince Georges General Hospital 1. BAR Aliceanna Street 1. BAR Aliceanna Street 1. DATE Month Doy Year DECARD	b. CITY OR TOWN (If ou	tside corporata fimits, write I	HURAL	c. LENGTH OF STAY IN	l 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
d. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital, give street address) Prince Georges General Hospital 2. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital) 3. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital) 3. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital) 3. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital) 3. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital) 3. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital) 3. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital) 3. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital) 3. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital) 3. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital) 3. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital) 4. NAME OF MOSPITAL OR INSTITUTION (Pt not in hospital) 5. SEX		Ly		Baltimore (/ /s										
Prince Georges General Hospital 1818 Aliceams Street				d. STREET ADDRESS . IS RESIDENCE										
DECRASED (1799 or print) Andrwe William Barlow Sr DEAM May 1957 1.5. SEX 6. COLOR OR RACE WINDER 24 HBS. Male WHITE WINDER 24 HBS. Male WHOWED DIVORCED NEVER MARRIED NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE		eorges Gen	eral	Hospital		1818	Alice	anna	Stree	t				
S. SEX S. COLOR OR RACE 7. MARRED NEVER MARRED 8. DATE OF BIRTH 9. AGE (10.300) 1. MORPH 1. MOR	3. NAME OF DECEASED			Middle		Lost		4. DATE		Month		Day	Year	
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Laborer Goldenbergs Maryland U.S.A. 13. FATHER'S NAME William Barlow 14. MOTHER'S MAIDEN NAME William Barlow 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. NATORMANT Address Addr	10a. USUAL OCCUPATION during most of working	l (Give kind of work do life, even if retired)	ine 10b. Kl	IND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLA	CE (State	or fareign	country)		12. CITIZE	EN OF WI	HAT COUNTRY?	
William Barlow Mary Urbanska							yland	1			U	.S.A.		
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased fived. If institution_Residence before admission) 1 PLACE OF DEATR a. COUNTY b. COUNTY MARYLAND b. CITY OR JOWN (If outside co C. LENGTH OF STAY IN TH c. CITY OR TOWN (If autside corporale limits, write RURAL and give nedust town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) give street addresses d. STREET ADDRESS e. IS RESIDENCE director ON A FARM? YES NO I NAME OF DATE DECEASED (Type or print) DEATH 19 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours WIDOWED [7] DIVORCED TH yrs, retai 2 wil 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or Foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). STEEVAL BETWEEN NSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Candilians, If any, which gave rise to immediate couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES D NO [20a. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or lawn) (County) (Stole) Hour factory, street, affice bldg., etc.) Not while at work as work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy (1) Inspection Inquiry 19, and find that deoth resulted from: Natural causes 14. Accident [Suicide Homicide . Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [**EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220, BURIAL CREMATION. 225. DATE THEREOF 22c. NAME OF DEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Virginia Buria. May 1957 Lovingston 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D AY REGISTRAR 24M REGISTRAR'S SIGNATU VS. A15ME(5) F. Gasch's Sons Hyattsville, Maryland. DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05450 CERTIFICATE OF DEATH 05467 Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY g. STATE filed b. COUNTY MARYLAND Prince Georges County Maryland rince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION District Heights d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO T Prince Georges General Walker Mill Rd. pus NAME OF Middle 4. DATE Month Day Year DECEASED NAW [Type or print] DEATH May 19 57 Charles 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B DATE OF BIRTH Months Hours DIVORCED [7] WIDOWED [7] Male White 18a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) arzento after 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT nding 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chumo hered IMMEDIATE CAUSE (o) DUE TO an cano Zunto Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. burial-transit WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 YES NO 20° ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while of work O or work p. m. 21. I certify that I attended the deceased from May 10, 195 12 195 /that I last saw the deceased 6:30PM, from the causes and an the date stated above. and that death occurred at. ADDRESS (Street, city or town, stote) DATE SIGNED R PI should PHYSICIAN'S NAME (Type) Dr. Saul Schwartzbach FUNERA oge 3 sh 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, fown, or acceptly agod EMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 15M 9/55

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23	FUNERAL DIRECTO	R'S SIGN	ATURE			DRESS	· yo	~ }	7 W DA		BY REGI	STRAR	24b REGIS	TRAR'S SI	GNATUR	RE	

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haurs after death.

05470 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY b. COUNTY o. STATE MARYLAND Prince George Marvaand b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) heverly Md Mitchellville Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? George General Hospital Prince 2 Box 58 YES TO NO TO NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 1957 Marv Yvonne Butler May 12 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIES TO 9 AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 1948 Months Doys Hours WIDOWED [DIVORCED (" Female Cal med YES 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Student Elementary School Maryl and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Edward Butler Mary Rella Newman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rt. 2, Box 58. No Lames 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. [City or lown] Day, Year 20d. INJURY OCCURRED (County) (State) Hour a. m. factory, street, office bldg, etc.) Nat while at wark at work D. m. 21. I certify that I attended the deceased from May 6. 19 57 May 12, 1957, that I last saw the deceased M, fram the causes and on the date stated above. and that death occurred at ADDRESS (Street, city or town, stotel DATE SIGNED ACTUAL Prince Georges! General Hospital, Cheverly, Md. PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) (State) *i*57 Mt. Carmel Cemeterv Upper Marlboro, Md -23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D RY REGISTRAP 57 241/ REGISTRAR'S SIGNATURE Upper Marlboro. Md. Bros. Ritchie DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions, Residence-before admission) PLACE OF DEATH o. COUNTY b. COUNTY LENGTH OF STAY IN 16 c. CITY ORTOWN (If ourside corporate limits, prijte RURAL and give neacest town) OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F NAME OF Middle DATE Lost Month DECEASED DEATH (Type or print) 19.5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 78. DATE OF BIRTH 9. AGE (In years IEUNDER TYFAR IF UNDER 24 HRS last birthday) Days Hours WIDOWED ! DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Iff yes, tive war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate cause DUE TO (a), stoling the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUXOPS) 00 PERFORMED? 64.7 4.1 CERTIFICA NO F 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.) Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY (County) (Stole) factory, street, affice bldg., etc.) Hour p. m. While Not while 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 17, Inspection 17, Inquiry 27, and find that death resulted from: Natural causes 17. Accident Suicide , Homicide , Undetermined cause . certificated to the AL DIRP DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNASURE forwarded h ASSISTANT MEDICAL EXAMINER EXAMINER' NAME (Type DEPUTY MEDICAL EXAMINER FT 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Virginia O West Transportation 5/13/57 Charleston 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(S) F. Gasch's Sons Hyattsville, Maryland. SM 9/55



No.

ON A FARM? YES I NO IX Year 29th 19 57 IF UNDER 1 YEAR IF UNDER 24 HRS 12 CITIZEN OF WHAT COUNTRY USA Lanham. P.O.Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES I NO 47 (County) (State) and that death accurred at 5:00 fs.M., from the causes and an the date stated above. (Stote) Manor. Pr. Geo. Co. Md. 245. REGISTRAR'S SIGNADIRE

05458

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day,

Q. ft.

20d. INJURY OCCURRED of work of work

21. I certify that I attended the deceased fram. JANUARY

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

alive on_ ACTUAL SIGNATURE

NAME (Type)

Not while

REMOVAL (Specify)
Burial

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. 22d. LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS W.W. Chambers Company, Riverdale, Md.

24a. REC'D BY REGISTRAR DATE MAY 3 1 '57

Z .V UABRUS

NAV ST 1957

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05459					
4.8 E		05472 MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
PH S							
crem	1. 6	LACE OF DEATH COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where decessed lived. If Institution: Residence before admission) STATE Maryland b. COUNTY Prince George's					
8 % Te	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) and give nearest fewn)					
00 of		Riverdale Md D O A Beltsville, Md.					
ror.	d	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
Prire is		Leland Memorial Hospital / 11149 Cedar Lane YES NO 13					
delo ur front		NAME OF First Middle Last 4. DATE Month Day Year OF					
region.	-	Type or print) George Bailey Cockrell OFATH May 17, 19 57					
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2 set 3	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY uring most of working life, even if retired)					
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War Share	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) Hour a, m. White Nat. white					
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W. W		death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause [].					
Softe, Softe,		DATE SIGNED					
A STATE OF THE STA		SIGNATURE MDICAL EXAMINER					
RAL RAL Svol.		EXAMINER'S ASSISTANT MEDICAL EXAMINER					
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F F	23	RUNE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE					
VS A15ME(S)		F. Gasch's Sons Hyattsville, Md.					
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BUREAU V. E.

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A Portion			alive on 5	6/57	12	_, and that dec	ith occurred at	11.55 A	M, from the d			le stated above.
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5 5	-	23.	FUNERAL DIRECTOR'S S	IGNATURE /	-1 1	ADDRESSINA	Rainie	24a. REC'D 8		PAL REGISTRA	R'S SIGNATUR	E
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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V.

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F. Gasch's Sons Hyattsville Md.

Year

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(State)

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hours ofter death

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3. NAME OF DECEASED (Type or print)	Fir CHAR		Middle F.	P	Loss DINGLER	4. DATE OF DEATH	May	ith	Day	Year 19 57
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(Yes, no. or unknown)	(If yet, give wor or dates of s	stvice)		Ror	man F. Ding	ler	Lewisd	ale.	Mary	land
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220 BURIAL, CREMATIC REMOVAL (Specify DUTTEL	5/4/57	F . 7	22c. NAME OF CEM Codar h		Cemetery	Sui	TION (City, town, o tland,		*	tate}
23. FUNERAL DIRECTOR Francis J	COLLANS	öller	ADDRESS 38 -Washin		14thStN REC			STRAR'S SIG		

VS A15 (4) 15M 9/55

BUREAU V. S.

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he ho	r.			alive on 5-24, 1957, and that death accurred at 3-4M, from the causes and on the date stated above
A ATT	ğ.	1		ACTUAL SIGNATURE TANK V. Wesser h. M.D. 320 Mintorney, Vary, Not 5/241
AL O.	or pri	/		PHYSICIAN'S TOUCH I INCh TO I
be related	regist		220	NAME (Type) FRANK L- VICAY CR 97. BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 122d. LOCATION (City, town, grounty) (State)
O Fust	6		73	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 300 4 3 240 RECTOR RECISERAR'S SIGNATURE
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physicic physicic nas been rial-trans noval, a	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO								
trending trending tricate by the burn, at ren		20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
PHYSIC that are a this cer- tremation	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of work at work 19 20d. INJURY (Home, farm, 20f. (City or town) (County) (Stote)								
ENDING the hospi R. After ched fo burial, a		21. I certify that I attended the deceased fram 3 MA 1, 1957, to 9MF 1., 1957, that I last saw the deceased alive on 9 MA 1, 1957, and that death accurred at 7.581 M, from the causes and an the date stated above.								
OR ATT		ACTUAL SIGNATURE John Kahae M.D. Chevery MA 4/4/57								
SPITAL Correction Service Part Property Service Part Property Service Part Property Part Property Part Property Part Property Part Property Part Property Pr	220	PHYSICIAN'S JOBN KELDE BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (Gity, town, or county) (Stote)								
may be may be TO FUNER page 3 s the regist		Bernel may 11-57 Int, Olivet washington oc								
YS A1S (4) 1SM 9/5S	1	morro Brothera 1661-91 Hope DATE WAY 10 57 Owneduch								
VS A15 (4) 15M 9/55	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DATE WIN 10 57 Whitelevels :								

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BUREAU V. S.

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	1	05517 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Dist. No 34
M) [2. USUAL RESIDENCE (Where deceased lived. If institution: Residence (Where deceased lived. If it is the property of the property of the Residence (Where deceased lived. If it is the property of the Residence (Where deceased lived. If it is the property of the Residence (Where deceased lived. If it is the property of the Residence (Where deceased lived. If it is the property of the Residence (Where deceased lived. If it is the property of the Residence (Where deceased lived. If it is the Residence (Where deceased lived. It is the Residence (Where deceased lived. It is the Residence (Where deceased	dence before admission)
		b. CITY OR TOWN (If autiside corporate limits, write BURAL or STAY IN 1b C. CITY OR TOWN (If autiside corporate limits, write BURAL or Configure negres) town) Configure negres) town)	nd give nearest town)
	*	d. NAME OF HOSPITAL OR INSTITUTION (If rogin hospital, give street oddress) (Rose not Result Resulting G-Emit Custus G	e, IS RESIDENCE ON A FARM? YES NO
	ll co	3. NAME OF DECEASED (Type or print) Charles Ernes & Date Month May	17, Year 1957
	5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1999 19. AGE UND. IFUNDE WIDOWED DIVORCED Que 5. 16150 57.5/6 yrs. Months	R LYEAR IF UNDER 24 HRS Days Hours Min.
F	1/[10a. USUAL OCCUPATION (Give kind of work done tob. KIND OF BUSINESS OR INDUSTRY 11. BYTHPLACE (State of foreign country) during most of working life, even (f regired)	L.S. EL
		13. FATHER'S NAME Rengamen P. Rhyson 14. MOTHER'S MAIDEN NAME Elder	7
	/ 1	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT C. T. Denning attention	of the los
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: WAMEDIATE CAUSE (o) Acute Concesting Report fail	NTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which) (b) Carely one culer remains duse	neo
		gave rise to immediate cause (a), stating the enderlying cause last.	
		PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	10000	200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port E or Part II of Item 18.)	
	A C PERSON	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.) While Not while at work at work	aunty) (State)
		21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquideath resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause	iry [1], and find the
		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER	DATE SIGNED
y		EXAMINER'S JAMES I. BOY & ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP	18 145
		220 BURIAL CREMATION, 12th. DATE THEREOF 22c. NAME OF CEMETERY OF CREMETERY OF CREM	' /h' /
	. 2	23. FUNERAN DIRECTOR'S SIGNATURE ADDRESS LANGE SIGNATURE Hyattanlle, Mg, DATE 5/3:/57 Caller	GAATURE CANALELY
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()5467

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Francis & Firemer: If.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any-detay is necessary, please execute the certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral diffector. Page 4 should be forwarded to Achief Medical Examiner's Office along with form PM3. Page's may be retained for your files. 137 or removal.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05518

05468 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	- 2.							Reg. D	st. No	1.	
PLACE OF DEATH					2. USUAL RESIDENCE	Where dece	used lived. If institu	ution: Reside	nce bef	fore admission	
o. COUNTY	rince George	n fir	MARYL	AND	o. STATE D.C.		b. COUNT	Y			
	If outside corporate limits, write		c. LENGTH OF STAY IN		c. CITY OR TOWN	If outside co	roorate limits, write	RURAL and	l give n	earest lown)	
and give necrest low	Marlboro						- Francisco Contract	2.1			
		F 11 4	Transient		Washing	200		1		e. IS RESIDE	NICC
		t not in hos	ipital, give street oddress)		d. STREET ADDRESS					ON A FA	RM2
In a wood	ed area				219 Varn	um St	NeWe			YES N	7
3. NAME OF DECEASED	Fin	t†	Middle		Loui	4. DATE	Mont	ħ	Doy	Yeor	
(Type or print)	David		Miller.		Eutsler	DEATH	Masr		32	(2/1/19 5	7
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR	IF UNDER 24	HRS.
Marie	White	WIDOWE	D DIVORCED	a N	ev. 11. 189	E.	lost burthday)	Months	Days	Hours Min	
10a. USUAL OCCUPAT	ON (Give kind of work of	Sone 10b, I	CIND OF BUSINESS OR IN			-	country)	12. CITI	ZEN O	F WHAT COU	NTRY
during most of worki	ing life, even if retired)	i			Virginia	_			J.S.		
Bearb	ea.	1 41	onsorial					1		4.0	
13. FATHER'S NAME	_				14. MOTHER'S MAIDEN						
F.L. Eut					Mellie Wes	FUR					
15. WAS DECEASED E' [Yes, no, or unknown]	VER IN U. S. ARMED FOR	RCES7 16.	SOCIAL SECURITY NO.		FORMANT		Address		44		
Yes	WW A			Mr	Bennie F	itege	relid S	2me: 82	#2		
IB. CAUSE OF DE	ATM (Enter only one cou	se per line	for (o), (b), and (c).]						INTER	IVAL BETWEEN	
PART I. DEA	TH WAS CAUSED BY	Asn	hyxia						Onsi	HTAND DEATH	
272	IMMEDIATE CAUSE (o)	2200							-		
110.	DUE TO	A day	te Carbon m	ດກດ	ride poison	ing					
Conditions, if a		Wan	te dar bott in	0110	TTGO POTDON				-		
(a), stating the											
couse last.) (c).										
PART II. OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	VEN IN PAR	T 1(o) 1	P WAS AUTO PERFORME!	
3									,	YES NO	忆
PART II. OT	USE WAS 20	b. DESCRIB	E HOW INJURY OCCURR	ED. (Er	ler noture of injury in Po	ort I or Port	l of item 18.)				
PRIMARY DE OF CO	NIKIBUTING LI	Ran h	nose from ex	hau	st into car	•					
3 20c. TIME OF INJE	JRY Month, Day, Yea			PLAC	E OF INJURY (Home, for	rm, i 20f (Ci	ty or town)	{Con	inty)	(5)	ole)
Hour o.m.	E/27 10E		e Not while	facto	ry, street, office bldg., ei	(c.)					
	71-1				n a wooded		pper Mar				
		_	remains described	apor	e, held an Autop	sy L,	inspection 🔼	, Inquir	y 王	, and find	tha
death resulted	d from: Natural	causes [, Accident ,	Suic	ide 😾, Homicid	le 🔲, l	Indetermined of	cause 🔃			
\cap	,	06									
ACTUAL	Clans on/	M	Sans		M.D. CHIEF MEDICAL	EKAMINER [)			DATE SIGNI	D
	the is-ten-up-y-		00		ASSISTANT MEDI	CAL EXAMIN	ER 🗀				
EXAMINER'S NAME (Type)	James I. B	oyd 1	M.D.		DEPUTY MEDICA	L EXAMINER	.	May 2	28,	1957.	
220 BURIAL, CREMATI- REMOVAL (Specify	ON, 226. DATE THEREO	F	22c. NAME OF CEMETER			22d. LOC	ATION (City, town,	or county)		(State)	
Burial	5/31/5	7	Arlington	ı N	atl.Cem.	Arl	ington.	Viroi	nie		
23. FUNERAL DIRECTO	R'S SIGNATURE	2901	ADDRESS	M		C'D BY REGIS		STRAR'S SIC	_		
The S.H.	Himes Co.		hington 9	D .	C DATE D	KAY 31	257 () 40	1	~ /		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Rea. Dist. No.

rince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 0 M. 100 e. 15 RESIDENCE ON A FARM? YES NO Month Year Day 1957 IF UNDER I YEAR IF UNDER 24 HRS AGE (In years lost birthday) Months Doys Hours Min. 675 m 12. CITIZEN OF WHAT COUNTRY? USA Address Brandywine, Md. INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO [] (County) (Stole) that I last saw the deceased and that death accurred at 6.00A. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S NAME (Type) 220. BURIAL CREMAT QN, 226. DATE THEREOF 22c. NAME OF CEMBTERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specy) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTING REGISTRAR'S SIGNATURE DATE

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VS A15 (4) 15M 9/55

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_								wan Ditt	. 140.
1	PLACE OF DEATH a. COUNTY	rince Geor	TO S MARY	- 11	USUAL RESIDENCE (V	There deceased land	ed lived If institut b. COUNTY	on Residence	before admission) ce Georges
		outside corporate limits.		- 11	c. CITY OR TOWN (IF		orote limits, write		ve nearest town)
		Cool Spri			d. STREET ADDRESS		ng Road		e. IS RESIDENCE ON A FARM? YES TO D
3.	NAME OF DECEASED (Type or print)	Henry	Middle Jonas	$\mathbf{F}_{\mathbf{C}}$	rney	4. DATE OF DEATH	Mo Ma	nth 1y 24,	Doy Year 19 57-
5	Male Male	sub-i-t-a	MARRIED NEVER MARRI	D 8 [DATE OF BIRTH	1877	9. AGE (in years law birthdoy)	IF UNDER I	YEAR IF UNDER 24 HRS. Pays Hours Min
10	dyring most of worki	N (Give kind of work doing life, even if retired)	106. KIND OF BUSINESS O	R INDUSTR	Washingt				EN OF WHAT COUNTRY?
13.	FATHER'S NAME				4. MOTHER'S MAIDEN	NAME			
	John	Forney			Elizabeth	ı Hens	ee		
15. (Y	WAS DECEASED EVER	IN U. S. ARMED FORCE f yez, give wor or dotes of servi	57 16. SOCIAL SECURITY NO			Wils	2300 ^{dd}	Cool	Spring Rd
7	PART 1. DEAT Conditions, If an gave rise to Im cause (a), stating Il lying cause lost.	H WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO y, which the under- the under- (c)	Conshal A	lmore Let pro-	your for hover area	emor	aloral		O MIN .
TIFICATION	20g ACCIDENT WAS	LINDERLYING II 2	HONS CONTRIBUTING TO DEA		T RELATED TO THE TERM	NINAL DISEAS		VEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO 3
MEDICAL CER	OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a. jr. p. m.		20d. INJURY OCCURRED While Not white of work of work	20e. PLACE factor	OF INJURY (Home, for y, street, office bldg., el	m, 20f. (Ci)	y or lown]	(Co	ounty) (Slote)
	ACTUAL SIGNATURE	1 1 attended the d 1 km 23 MB Same		death or	. 195 b. to coursed at 11:40	PMATO	24, 195 m the causes irrect, city or town	and an the	ist saw the deceased added stated above. GATE SIGNED
22	NAME (Type) - BURIAL, CREMATION REMOVAL (Specify) BURIAL		27c. NAME OF CEMI				TION (City, fown,		(State)
-		5/27/57	George	Washi			ttsville		
Z\$.	FUNERAL DIRECTOR'S		ADDRESS	3.63		O BY REGIS		ISTRAR'S SIGN	NATURE
	-, wa	scu.a sons	Hyattsville,	Md.	R R DATE	9 Q 10	157	0:	de ivi



DECEIVED 1957

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MEDICAL EXAMINER: Th's certificate should be executed within 24 hours ofter death. If ony delay is necessary, please exergentificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be	ig/
leose shout	lef Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. R: Page 3 should be used as a burial-transit permit. File pages 7 and 2 with the registrar prior prior prior
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delo,	ief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. R: Page 3 should be used as a buriol-transit permit. File pages 7-and 2 with the registrar prior.
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Of remova VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05480

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Page 1	Dist	N	la -				

I. PLACE OF DI	Prince Geo	rge 's		2. USUAL RESIDENCE OF		lived. If Institu		
b. CITY OR T	OWN (Fourside corporate limits, wri		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II			A I THE	e George
and give ne	orest lown)				e, Md	Gre minte, mine	The state of the s	,
d. NAME OF	PLY Md HOSPITAL OR INSTITUTION I	If not in hos	spital, give street address)	d. STREET ADDRESS	.0 , 110			e, IS RESIDENCE
	nce George's			Route 1	Box_	263		ON A FARM? YES NO
3. NAME OF -DECEASED (Type or prin	n Kathe	rine	Pearle Fowler	Last	4. DATE OF DEATH	May 14,		Year 19
5. SEX	6. COLOR OR RACE	7. MARRI	ED WEVER MARRIED 1 8	. DATE OF BIRTH	9.	AGE (In years		IF UNDER 24 HRS.
female	white	WIDOWE		Aug 28, 191		37 yrs.	Months Days	Haurs Min.
10a. USUAL OC	CUPATION (Give kind of work f working life, even if retired)	done 10b. I	CIND OF BUSINESS OR INDUST			niry)	12. CITIZEN O	F WHAT COUNTRY?
// //-	erk	Fo	od Store	Spotsylva	nia, V	a	US.	A
13. FATHER'S N	AME			14. MOTHER'S MAIDEN I	NAME			
R	obert James			Ma	ttie	Bland		
15. WAS DECEA	SED EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. H	NFORMANT		Address		
	no	2	19 16 8597	Mervin B. F	'owler	Bowie	, Maryl	and.
Canditians	I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO to immediate coute of the underlying (c)	٧.	morrhage acture ch of humanus	+ Show	ls) X	lemix	Thouse	AND DEATH
PART	H. OTHER SIGNIFICANT CON	DITIONS CO	ENTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NALDISEASE C	ONDITION GIV		PERFORMED?
W 20g EXTERN	F INJURY Month, Day, Ye	ar 20d. I		into a o	Litch		(County)	(State)
21. I ceri	rify that I took charge	of the r	remains described abo	ve, held on Autops	y , Insi	pection .	Inquiry	, and find that
			, Accident , Sui	· ·		-		,
ACTUAL SIGNATURI	Dayton	ow	alkino	M.D. CHIEF MEDICAL EX		-		DATE SIGNED
EXAMINER NAME (Typ		Watk	ins	ASSISTANT MEDICAL		J 	5/14,	/57.
REMOVAL (EMATION, 22b. DATE THEREO		22c. NAME OF CEMETERY OR			N (City, town,		(State)
Burial 23. FUNERAL DII	5/18/57		Fort Lincoln		D BY REGISTRA	r Manor	STRAR'S SIGNATU	ne e
	1.4	Time		M	AY 2 0 '57		TAK'S SIGNALLY	N to
F G	asch's Sons	Hyat	ttsville, Md	DATE ""		200	1-earely	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5481 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05473

Reg. Dist. No.

	PACE OF DEATH O. COUNTY Prince Georges MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o STATE Maryland b. COUNTY Pr. Geo.
	b. CITY OR TOWN (If ourside corporate limits, write RURAL end give nearest form) Cheverly D.O.A.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X S. Belimead
y	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Prince George General Hospital	d. STREET ADDRESS ILLILIT 73rd Avenue ON A FARM? YES IN NOTE
	3. NAME OF First Middle Middle (Type or print) Elizabeth	Fove 4. DATE Month Day Year DEATH May 19 19 57
	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	
77	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13. FATHER'S NAME Brophy	14. MOTHER'S MAIDEN NAME Unknown
		Joseph Patrick Foye, held 73rd Avenue.
4	Conditions, if any, which gove rise to immediate couse (a), stoling the underlying couse tost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	TNOT RELATED TO THE TERM. NALDISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e I Hour o.m. p. m. 19 of work of work	PLACE OF INJURY (Home, form, octory, street, office bidg, etc.) 20f. (City or town) (County) (State)
	21. 1 certify that I taok charge of the remains described a death resulted fram: Natural causes , Accident , S	
1	EXAMINETS JOHN T. Maloney M.D. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	DEPUTY MEDICAL EXAMINER May 20. 1957 OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole)

VS. A15ME(5) 5M 9/55

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Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

YES NO

(Stote)

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

e. IS RESIDENCE ON A FARM?

YES NO

Yeor

19

Reg. Dist. No.

Months

5 DIRE shauld FUNERAL 3 0

Z, that I last saw the deceased and that death occurred at 6:30P.M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL registror PHYSICIAN'S NAME (Type) 220. BURIAL,-CREMATION, 27c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAP 24b. REGISTRAR'S SIGNATURE 5 15M 9/55





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BUREAU V. A.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05520Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY Prince George's **b.** COUNTY Virginia MARYLAND c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 Ox on Hill Transient Alexandria d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Potomac River 227 Buckhanon Street YES NOTE files, NAME OF DATE Middle Month Day Year DECEASED Walter Guthridge DEATH 19 57 May 27 (Type or print) 9. AGE (to years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED R NEVER MARRIED 8. DATE OF BIRTH Months Doys Hours Min. Male White WIDOWED | November 1. 190L 52 va. DIVORCED | 100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? P ~ during most of working life, even if retired) Dredging Virginia. U.S.A. è 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Por Magtha Worrell Poges age 5 r Warner Guthridge Address 313 E. Oxford AVE. Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Florence Edna Guthridge Alexandria Va. INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: isphyxia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Drowning gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 0.5 PERFORMED? NO I 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) into Potomac River from a boat 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) foctory, street, office bldg., etc.) EXAMINER While Not while May: 25 1957 at work A at work Potomac River Oxon Hill P. G. Md. 21. I certify that I took charge of the remains described above, held an Autopsy 1, Inspection 2, Inquiry 1, and find that P 05 Accident \$, Suicide , Homicide , Undetermined cause death resulted from: Notural causes ... MEDICAL DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER | 10 forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S James I. Boyd 29. DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 0 Alfred Sts. Alexandria Tab. REGISTRAR'S SIGNATURE Remova 23. FUNERAL DIRECTOR'S SIGNATURE VS. A15ME(5) SM 9/55

DECEIVED

7291 82 YAW

BUREAU V. E.

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05478
- 1 P September 1			05521 CERTIFICATE OF DEATH Reg. Dist.	No. " 74
Poge 1		1. 9	LACE OF DEATH COUNTY 2. USU IL RESIDENCE (Where deceased lived if institution: Residence & COUNTY) COUNTY C	perare admission)
e old A		ŀ	CITY OF TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)	nearest town)
the fur		7	I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION	e. IS RESIDENCE
ours o		2 .	1108 31 Pl. 1108-51- Pl.	ON A FARM? YES NO D
n 24 h			NAME OF First Middle Lost 4. DATE Month OF DEATH / Yav	Day Year // 195
withi		5 \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1881 PAGE (In years lift UNDER 187) Months Do	EAR IF UNDER 24 HPS. ys Hours Min.
completed comple		100.	184 1004	N OF WHAT COUNTRY
e be ex-		13. 1	TATHER'S NAME	Sa.
ificate aysicio dave co	1	15.	JOH 9 FISH & P. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address //D	6.55/2
h certing phase rem	e ^{ge}		190 - (If yes, give war or dotes of service) 19125, 1717/12 14. Phiter. R. Ch	apel-our
attend n plea			18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
hat the yy the The even!			420.0 DUE TO	'2
uires II ganed & permit in any			Conditions, if any, which gave rise to immediate cause (a), stating the under DUE TO	
ician. een si ronsit		NO	Tying cause last. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16	o) 19. WAS AUTOPSY
The log physical phys	_	FICATI	200 ACCIDENT/WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)	PERFORMED?
tendin ificote the b		L CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC II or at als cert use as mation		MEDICA	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. jr. While Not while of work o	nty) (Stole)
ospital Notice I Noti			21. I certify that I attended the deceased from 126 12 1942 to May 16, 195 that I las	
and the same			alive on 1257, and that death occurred at 5730 A.M. from the causes and on the ADDRESS (Street, city or town, state)	date stated above DATE SIGNE
OR A ined b DIREC Id be prior	1		SIGNATURE HI 6, BOCKEN MO. 4423-HUST PI	4
FITAL e reto ERAL 3 shou gistror			NAME (Type) HC. Bel Doy 1225614, 970749	-DC
moy b FUNN Poge (Š	BURIAL, CREMATION, 226. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY 22d. TOCATION (Cyty, Joyn. or county)	, wild.
YS A15 (4)	1	23.	FUNERAT DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE 30- HSTERONE 3/2-/3/	ATURE COMPANY OF A
13M 7/33 1			The state of the s	

TEST OF NATIONAL WAS ESTABLED V. SE

				N	ARYL	AND	STATE	DEPA	RTM	ENT	OF HE	ALTH	I-BAL	TIM	ORE, 1	8			
		1			054	184	(CERTI	FICA	TE	OF DI	EATH	1			Reg. Di	0	479)
1	22	o COU	OF DEATH							2. USI	UAL RESIDE	NCE (Wh	ere decease		If institution.	an: Residen	ce befor	e odmiss	ion)
	1			eorges		4.		MARY		M	arri ar	d			Pri	nce (leor	ges	
		B. CITY	OR TOWN	(If outside carr nearest tawn)	orote limits,	, write	c. LENGTH	OF STAY	IN 16	с. (CITY OR TO	WN (If a	utside carpo	rote lim	ils, write RI	URAL and	give nea	rest town	}
	-	Q	neverl	TAL (If not in	4 4 4		7	Days					burg		33				
~		OR I					oddress)			d.	STREET ADI	DRESS			,				FARM?
1	1		<u>rince</u>	George	Gene	ral				<u></u>	1,000	<u> 52r</u>	d St.	,				YES [
		DECEA	SED		First			Middle			test		4. DATE OF		Mont	th	Der	γ '	Por
		(Type o	bunit	la color	Geor	ge	ED ANEV	И.	Ha	mi	Sr.		DEATH	0 400	Maj	IF UNDER	3		9 57
						WIDOWEL		DIVORCE:		DAIL	Or BIKIN			lost	(In years* birthdoy)		Days	Hours	Min Min
	1	Ma IOa USUA		ON (Give kind			_			TRY 11	RIPTHPLAC	F (Stole	or foreign c	7]	yrs.	12 CIT	IŽENI O	6 WHAT	COUNTRY
	71	durin	most of wa	ON (Give kind rking life, even ired	if retired)	truc	tion	Fore	ຫລາ			Vin	ginia				US		COUNTRI
1	1	3 FATHE		11 00	001.13	or ac	, c.t.om	~ O1 C	medii	114 M	OTHER'S M						U D	2%	
I	\mathbf{I}			Benja	min I	Har	mic				Nancy								
	/ ī	5. WAS D	ECEASEDEV	ER IN U. S. AR	MED FORCE	ES? 16. S		URITY NO	. 17, 18	IFORM/		/ IId	nger		Addr	ess			
1	2	(Yes, no. ar i	inknown)	(If yes, give wor	or dates of serv O		none		Mar	rgar	et C.	Ha	rris	B1a	adens	burg	Md.		
	F	18. C	AUSE OF DE	ATH [Enter of	nty one caus	se per line	e for (o), (b)), and (c).]								INTE	RVAL BE	TWEEN
				ATH WAS CAL			Mer			10	choh	nal	TH	r/2	whos	1.5	ONS	ET AND	DEATH
		3	32)	<	DUE TO		-								p				-
				any, which)	(b)_														
			rise to (a), stating		DUE TO														
	- [.	-	couse last.		(c)_														
		20a. A	PART II. QT	HER SIGNIFIC	ANT CONDI	ITIONS <u>CC</u>	ONTRIBUTIN	IG TO DEA	ATH BUT I	NOT RE	LATED TO TI	HE TERMII	NAL DISEAS	E COND	HTION GIVE	EN IN PAR	1(0) 15	PERFO	RMED?
(2007 4	CCIDENT W	AS UNDERLYIN	yc □ 2	Mh DESCI	RIBE HOW	INTIMEN OF	CCURRED	JEnted	natura of i	alassa In D	last time Par	V (1 - 6 1)	10 1			YES 🔲	ио 🔲
4		OR CO	ONTRIBUTING	MEDICAL EX	E DEATH		MINE TIOTT	110011 01	CEOKKED	· frame	notore of th	ulou y mi i	al) rai rai	111 01 11	om 10.j				
					Day, Year	20d. 1N	JURY OCCU	IRRED	20e. PLA	CE OF	INJURY IHO	me, farm	20f. (City	or law	o)	10	ounty)		(Stote)
		20c. TI	Haur o. ji. D. m.		19	While at work	Nat wh	ile	foct	ory, stre	eet, affice b	ldg., etc.)		*	,-			(0.0.0)
		-		hat I attend	ded the d						10	A.			10			.1	,
		alive		, and the second	acd the c	10		nd that	dooth	accur	red at]	0:50	Pla 6	a tha .	, 17	"marii aalaa sh	ast sa	w the	deceased
			~	n				no mai	acam	40001	rea ar_=		ADDRESS (51				ie aat		a abave TE SIGNED
		SIGN	AL ATURE	iarle	, C.	940	raea	al.	A	1.D	Mt.	Ra	inier	, Mc	1.		5	/13/	57
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			CIAN'S (Type)				lageag				-	it R	ainie:	r Mc	<u> </u>				
	2	Za, BURIA REMO	L CREMATIC	ON, 226. DAT			22c. NAME						22d. LOCAT					(State)
	-	Bur	ial	5/1	6/57				colr	ı Ce	meter	-			Mano				
				ch's S		317.44	ADDRE		la			MA	PAY REGIST	RAR 07	REGIS	TRAR'S SIG	NATUR	E	
	Ŀ		• das	CH S D	ons n	yatt	SVIII	.e, N	III. o		D	ATE			-ho-it	- each	CH		



BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05485 MEDICAL EXAMINER'S CERTIFICATE OF DEATH If any delay is necessary, please exe-ne funeral director. Page 4 should be cremotion, 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necedented the certificate, writing the world "pending" in pencif in them 18. Give Pages 1, 2, and \$\frac{1}{2}\$ to the funeral director. forwarded to the Khief Medical Examiner's Office along with form \$\text{\$\text{M3. Page}\$}\$ \$\text{\$\tex{

05480

Reg. Dist. No.

	Prince Georges	MARYLAND	o. STATE Maryland b. COUNTY Pr. Geo.								
	b. CITY OR TOWN (If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Cheverly	ood 1									
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS	er Street	a. IS RES DENCE						
	Prince Georges General Hosp	ON A FARM? YES NO									
	3. NAME OF First	Middle		PATE Month	Day Year						
	(Type or print) Joseph Del	lmar Ha	rris	EATH May	31, 1957						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in year) 10 10 10 10 10 10 10 10 10 10 10 10 10 1										
	Male Folored WIDOWED	Days Hours Min.									
	10a. USUAL OCCUPATION (Give kind of work done 10b. Kil during most of working life, even if ratired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	preign country) 12. Ct	TIZEN OF WHAT COUNTRY?						
	Laborer		Virginia		U.S.A.						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
	John Harris		Florence Eli	zabeth Phillips							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes, no, or unknown) (If yes, give wor or dates of service) of many		FORMANT	Address							
	(Yas, no, or unknown) (If yes, give war or dates of service) 57	8-40-8213 H	ielen Hall 400	95 Webster St., E	Brentwood, Md.						
	18. CAUSE OF DEATH [Enter only one cause per line for	or (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)										
	DUE TO		· · · · · · · · · · · · · · · · · · ·								
	Contract, it day, which (b)	rushed chest a	ind fractured s	kull							
	gave rise to immediate cause (a), stating the underlying DUE TO										
	couse last. (c)										
	Z PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPSY PERFORMED?						
1	CATI				YES NO X						
	PART II. OTHER SIGNIFICANT CONDITIONS CON 200. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (En	nier nature of injury in Port I or	Port II of item 18.)							
	THE TALLE	walking on th	e street decea	sed was hit by a	truck.						
	3 20c, TIME OF INJURY Month, Day, Year 20d, IN	JURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 2)	Of, (City or town) (C	ounty) (5tote)						
	10.15 p.m. 5-31-57 19 While of work	I I I WILLIAM		Brentwood Princ	e Georges. Md.						
	21. I certify that I took charge of the re										
	death resulted from: Natural causes	, Accident 📆, Suic	ide, Homicide	, Undetermined cause].						
	1	1			position of the control of the contr						
	SIGNATURE SOME	Janen -	M.D. CHIEF MEDICAL EXAMI	NER 🔲							
		1	ASSISTANT MEDICAL EX	CAMINER [
EXAMINER'S John T. Maloney M.D. DEPUTY MEDICAL EXAMINER June 1. 1957											
	220. BURIAL, CREMATION, 22b. DATE THEREOF	20 NAME OF CEMETERY OF	CREMATORY /)/ 22d	LOCATION (City, toyer, or county)	15/6/6/						
	Ceneral 6/1/	Jarns de	neral tome	Washingl	12-41						
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY	REGISTRAR 246. REGISTRAR'S S	IGNATURE						
	7 Junets sons My	klonite	Deten 6	'57 Goo! -	1						

VS. A15ME(5) 5M 9/55

BUREAU V. E.

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05436 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05481

Reg. Dist. No.

					9-0						
PLACE OF DEATH		I w	2. USUAL RESIDENCE	,							
PI	ince George	S MARYL	AND O. STATE War	yland	b. COUNTY	Prine	e Georg				
b. CITY OR TOWN	(If outside corporate limits, write RUR; own)				te limits, write RURA	L and give nea	rest fown)				
Cheverl	У	8 hrs	, Not	. Nottingham							
PHAME OF HOS	PHAL OR INSTITUTION (4 not	neral Hospital	d. STREET ADDRESS			4	ON A FARM?				
			Ru:	ral			YES NO				
NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day	Year				
(Type or print)	Albert	Winfield	Hawkins	DEATH	May	21	19 57				
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9.	of heath day t	-	UNDER 24 HRS				
Male	Coloredwa	DOWED DIVORCED	September	3 12900	Mani	the Days	lours Min.				
00. USUAL OCCUP	TION (Give kind of work dane	106, KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (Sto	le or fareign count	7) 12.	CITIZEN OF	WHAT COUNTRY				
Laborer	iking ilite, aven it retirecij	Farm	Maryl	Maryland U.S.A.							
13. FATHER'S NAME			14. MOTHER'S MAIDEN	I NAME							
Jaco	b Hawkins		Mart	ha Broo	kes						
15. WAS DECEASED	EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT		Address						
NO unknown	[If yet, give war or delet of service	1)	Jacob Haw	king Jr	. Fores	stvill	e. Md.				
18. CAUSE OF D	EATH Enter only one cause po	er line for (o), (b), and (c),]			7	INTERVA	L BETWEEN				
	EATH WAS CAUSED BY:		ial hemorrh	age		ONSET A	NO DEATH				
UM	IMMEDIATE CAUSE (a)										
Candiday V	DUE TO	Fracture	of the skull	1							
Conditions, if	nediote couse	2 % 00 0 00 4 0	01 0110 0110(1.								
(o), stating the	underlying DUE TO										
	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	RUT NOT PELATED TO THE TER	MINIAI DISEASE CO	NOTION GIVEN IN	PAPT 1(a) 10	WAS AUTOPSY				
PART II.	THE STORM CONTROLLED	SITO CONTRACTOR TO OCCUPIE	DOT TOT KEESTED TO THE TEK				PERFORMED?				
TO EXTERNIAL	TALLEE WAS 2015 OF	ESCRIBE HOW INJURY OCCURR	ED (Enter nature of laters to B		10.1	YE:	NO []				
PRIMARY TO OF CAUSE OF DEAT		ell off back				r hood	O 10 Mag				
20c. TIME OF IN		20d. INJURY OCCURRED 20e				(County)	(State)				
7 · Mayon of	to all most	While Not while at work at work	foctory, street, office bldg., e	fc.)	estville						
							Md.				
		the remains described		a preside			and find the				
death result	ed from: Notural cou	ses [], Accident [],	Suicide [], Homicid	de 🔲, Unde	termined couse	∐.					
1		0 1	.1			r	ATE SIGNED				
SIGNATURE	amer	J. 1 Jan	H.D. CHIEF MEDICAL								
EXAMINED'S	T T		ASSISTANT MED	ICAL EXAMINER	•						
NAME (Type)	James 1.	Boyd	DEPUTY MEDICA	L EXAMINER TO	May	22, 19	957				
20. BURIAL CREMA	I.ON, 226 DATE THEREOF	22c. NAME OF CEMETER			(City, town, or cour	nty}	(Slote)				
Burial	5/25/57		th.Church Ceme	Center	rville, Na	ryland					
	O DIA ALGERIANIES	ADDRESS			a de la constante de						
S. AINERAL DIRECT	OR'S SIGNATURE		et, N.E. D. GATE	C'D BY REGISTRAR		SIGNATURE					
20. BURIAL CREMA REMOVAL (Spec Burial	5/25/57	St. Luke Me	DEPUTY MEDICA Y OR CREMATORY th. Church Come	22d. LOCATION Center	May (City, town, or cour	ryland	957 (Slote)				

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the first Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR PRINTED TO SHOULD BE used as a burial-transit permit. File pages 1 and 2 with the registrar prior it. To compare the contract of t

cute the certificate, v forwarded to the F TO FUNERAL DIRE or removal.

VS. A15ME(5) 5M 9/55

MEEAU V. E.

AAY 27 1957

DEVEN

			055	22	CERT	IFICA	TE OF DEATI	4		Reg. Dist. I	5482	
-4	1. PLACE o. CO	OF DEATH	ce George:		MA	RYLAND	2. USUAL RESIDENCE (W	nere deceases	d tived. If instituti b. COUNTY	on: Residence b		n)
6	RUF	Y OR TOWN (II	outside corporate fi	mits, write	c. LENGTH OF STA		c. CITY OR TOWN (IF		rote limits, write l	URAL ond give	nearest fown)	
(" = ?	d. NA OR	ME OF HOSPITA	At (If not in hospitol Glenn 1		oddres) Iospital		d. street Address 217 Seator	Place	e, N. E.		e. IS RESID ON A F YES	ARM?
		OF ISED or print)	Lafa	Find yette	Mide	-	Johnson	4. DATE OF DEATH	Mar 5			57
	5. sex Male		Colored	WIDOW		CED 🗀	3/16/1895		9. AGE (In years lost birthday) 62 yes.	Months Dog	Hours	Min
	durig	g most of work Laborer	N (Give kind of war ing life, even if retir	k done 10b. ed)	. KIND OF BUSINESS Unknown	OR INDUST	Virginia	1	ountry)		JSA	OUN
irs arrer	(ers name Jeorge					Patricia N					
72 haur	15, WAS IYes, no, or No	DECEASED EVER	R IN U. S. ARMED FO If yes, give wor or dotes in	of service)	SOCIAL SECURITY N		ormani ecedent		Add	ress		
d in any event with	cog So.		TH WAS CAUSED BY IMMEDIATE CAUSE DUE	(o) Car			sophagus wit	h meta	aștasis t	10	NTERVAL BETV PASET AND D YYS. 9	5
ar remavol, on	NOILY Re	PART II. OTH section		sophae	rus and pr	eaorti	OT RELATED TO THE TERM C esophagoga (Enter nature of injury in	strosi	tomy, 12	/EN IN PART 1(d	19. WAS ALL PERFORM	MEDS.
remation	20c. 1	IME OF INJURY Hour o.m. p. m.	Y Month, Day,	While	Not while rk at work	20e. PLA(focto	E OF INJURY (Home, form ry, street, office bldg., etc	, 20f. (City	or town)	(Coun	ly}	(Sla
orianto burial, c	aliv	e an	at I attended the 5/21:	125		at death (AM, from		and on the stote)	date stated	ab E sig
gistrar	NA#		Moe Weiss			LIPPALA			le. Md.			
the re-	REM	OVAL (Specify)	15-2	7-57	ADDRESS	METERY OF	inel be	D BY REGIST	IN ICITY, town,	or county) STRAR'S SIGNA	(Stote)	
	za, runt	AND DIRECTOR	a arunna ilike 🦯 .		W431385-22 1							

BUREAU V. S.

DECEDAED 1927

CAY MINISTER PAR	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	5483
part .	05523 CERTIFICATE OF DEATH Reg. Dist. No.	. 243
.* H .	1. PLACE OF DEATH a. COUNTY The Congress HARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence before State Max b. COUNTY Prince)	George
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bourse 50 ym ×230wse	
,	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 424 Map/e Ave 1424 1772ple Ave	on a farm? YES NO
	3. NAME OF DECEASED (Type or print) Margaret Matilda Johnson DEATH May 2:	S 19.57
	Female Near WIDOWED D DIVORCED 1 Feb. 28, 1889 10st birthdoff Months Days	R IF UNDER 24 HRS Hours Min
j	Housewite — md.	OF WHAT COUNTRY
	Dennis Marshall Margaret Marshall	3/1
I	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT / Bobb Bou	sie, mo
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebra! VasCular Accident	TERVAL RETWEEN USET AND DEATH
))	Conditions, if any, which gave rise to immediate (b) Hyperlensin	2 /12
	lying couse lost. Due to be enalized Anteriosclerosis	
. 7		PERFORMED? YES NO
	203. ACCUPANT WAS UNDERCTING 1 2 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.) OR CONTRIBUTING CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr.	(Stote)
	21. I certify that I attended the deceased from April 1977 to hear 25, 195 That I last s alive on 25, 195 That I last s	
1	ACTUAL SIGNATURE To Vous (Italiae M.D. 149 905 Down store)	DATE SIGNED
,	PHYSICIAN'S HENRY A. WiseJr. Bowie, mg.	777
	220. BURIAL, CREMATION, 2b. DATE HEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) RITT a 1 May 28 157 Woodlawn Cemetery Washington	D. C
	John T. Rhines & Co. 901 3rd St., S. PATENVO TO 1017 Lanes Ok	maline
	WITH SE 130! J	10

IBEVO A. E.

7201 YS YAN

BECEINED

1		T	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	M		05487 CERTIFICATE OF DEATH Reg. Dist. No.
and with		1.	PLACE OF DEATH a. COUNTY Prince Covers MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY Pr. Coc.
eral eral			b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
he for		F	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE
by the pure of the	\$		OR INSTITUTION 107-515 TAVE 1107-515 TAVE YES NOB
20 ha		3.	NAME OF DECEASED (Type or print) Richard John Johnston 4. DATE Month Doy Year OF DEATH MAY 30 195?
within lety fil Page		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If UNDER YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min
uted unplei		10	12. CITIZEN OF WHAT COUNTRY 11. SIRTHPLACE (State or foreign country)
on pu	2	/4	Wew York USA
a sign	1)	13	George Johnston 14. MOTHER'S MAIDEN NAME 2+ hering
rtifica physic mave houry	"	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT as no or unknown) (If yes, give way or dates of service) (A High Land)
ding ding in 72		4	Mg. More Mrs Ruth Kiehle 1107-51st Ave.
a dec often often twith			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Caute Congestive (but failure) ONSET AND DEATH
hat the			DUE TO T. U.
ins timed the many n any			Conditions, if any, which gove rise to immediate couse (a), stating the under OUE TO
r requirements in signal		z	lying cause last. (c)
physic physic as be ial-tro	7	CATIO	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? PERFORMED? YES \[\begin{array}{cccccccccccccccccccccccccccccccccccc
NN: The Triple of the Cate has burner and an arms ar and arms are		CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
r after certifi e as the		3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
olid or this far us		MEDI	p. m. 19 at wark at wark
Affe hed i			21. I certify that I attended the deceased from Nov., 1954, to 74 and 1957, that I last saw the deceased alive on May 26, 1957, and that death occurred at 830PM, from the causes and on the date stated above.
ATTE by th			ADDRESS (Street, city or town, stole) DATE SIGNED
DIRE DIRE			5/20/6
PITAL FRAL ERAL 3 shot			PHYSICIAN'S William It Clements.
May E		1	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY STATEN SLAND, NEW YORK STATEN SLAND, NEW YORK
VS A15 (4)		23	FUNERAL DIRECTOR'S SIGNATURE VI W. Chumbera Go. Washington D. C 240. REC'D BY REGISTRAR'S SIGNATURE
10M 9/00		-	GCITTE INVITED CANAL COL

LECEINES 1957

a. IS RESIDENCE

ON A FARM?

YES X NO

Year

1957 -

Reg. Dist. No.

Day

12. CITIZEN OF WHAT COUNTRY?

NTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO E

DATE SIGNED

5/8/57

Pennsylvania.

DATE MAY 1 4 '57

(Stote)

(County)

8

Months

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) e. COUNTY b. COUNTY Prince Georges Prince Georges! MARYLAND Marvl and b. CITY OR TOWN III outside corporate finits, write RURAL r. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) Transient RURAL-Croom RURALLACMOON Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS tar Route. Jox 3"-A Mt. Calvert Road 3. NAME OF Middle DECEASED OP (Type or print) Alvin DEATH Gerald Kapp Mav 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED R B. DATE OF BIRTH 9. AGE ('n years IFUNDER TYEAR IF UNDER 24 HRS. last burthday) tained Dec. WIDOWED [DIVORCED T Male 1939 White 10a. USUAL OCCUPATION [Give kind of work done lob, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 2 0 ond Student Senior High School Pennsylvania ga 5 may 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1 ag∎ 5 n Albert W. Florence Jamison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Star Route, Box 38A, Albert W. Kapp-Upper Marlboro, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (o) alang with for burial-transit **DUE TO** Crushed chest, fracture of the Conditions, if ony, which gove rise to immediate cause of the skull base **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS ö 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. EXTERNAL CAUSE WAS PRIMARY E or CONTRIBUTING Occupant of an automobile that overturned on him 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not while May 8 1957 of work of work Driveway Croome 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection XX, InquiryXX, and find that Accident XX, Suicide , Homicide , Undetermined cause death resulted from: Natural causes . cute the certificate, farwarded to the F. ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) James I. Boyd, M.D. 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Gravel Palmyra. Cemetery ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Upper Marlboro, Md.

VS. A15ME(5) 5M 9/55

Ritchie Bros.

MEDICAL EXAMINER:

Give



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		05453 CERTIFICATE OF DEATH Reg. Dist. No. 7
W)	1.	PLACE OF DEATH 2. COUNTY PRINCE GEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY PRINCE GEORGES MARYLAND
		b. CITY OR TOWN (if outside corporate limits, Write RURAL and give nearest lown) RURAL and give nearest lown) HYATTS UILLE C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) HYATTS UILLE
>		d. NAME OF HOSPITAL (If not in hospital, give street address) OR BISTITUTION 40 COLES VILLE Rd. ON A FARM? YES NO IN
		NAME OF DECEASED (Type or print) JENNIE DEMAREST KEEN 4. DATE Month Day Year DEATH MAY 29 1957
!	5	F WIDOWED DIVORCED NOV 15, 1880, To yrs Months Days Hours Min.
1		during most of working life, even if retired) We will or will country We will or will consider the country 12. CITIZEN OF WHAT COUNTRY We will or will consider the country We will
		A. J. Llemares L.
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & AUGHTER Address 1. 10. OF UNKNOWN) III yes, and wor of defeas of services More May 11. INFORMANT & AUGHTER McCfuRe 10. OF UNKNOWN) III yes, and wor of defeas of services 10. None May 12. INFORMANT & AUGHTER McCfuRe
-		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY:
		Conditions, if pny, which gove rise to immediate couse (o), stoling the under DUE TO Conse (o), stoling the under DUE TO Conse (o), stoling the under Couse (o)
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(0) 39 WAS AUTOPSY
0	TIFICATION	PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18)
	CAL CERTH	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (Stote)
	MEDI	Hour a. pt. p. m. 19 While Not while of work of work of work
		21. I certify that I attended the deceased from MARCH, 1957, to MAY 2-9, 1957, that I last saw the decease alive an MAY 2-9, 1957, and that death accurred at 1 25pM, from the causes and on the date stated above
N. Magg		ACTUAR MANNEN DENNE DATE SIGNATURE MANNEN DATE SIGNATURE MANNEN DENNE DATE SIGNATURE MANNEN DENNE DATE SIGNATURE MANNEN DENNE
		PHYSICIAN'S NORMAN DONAT ("MEAY MT NAINIER ML
	L	BURIAL CREMATION. 22b. DATE THEREOF REMOVAL (Specify) May 31, 1957 22c. NAME OF CEMETERY OR CREMATORY Burial May 31, 1957 Colman Manor, Md.
12.	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE 1. Gasch's Sons Hyattsville, Md. 1414\3 1957

3 MORTHS

Howards on Home

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SHEEVE A' T

Z261 & NA.

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9 FilmG215 5-23- Ot CERTIFICATE OF DEATH 05525 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission o. COUNTY o. STATE Narvland Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Glendale Md. Glendale, Md vears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 11 24 Prospect Hill Road Prospect Hill Road YES NO IN NAME OF First Middle 4. DATE Month Yacı DECEASED OF DEATH 12, May 57 (Type or print) 10 6. COLOR OR RACE 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED T B DATE OF BIRTH lost birthdoy) Months Days Hours female white Sept 29, 1876 DIVORCED [WIDOWED TX papers. yr; 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY death. during most of working life, even if retired) 2 Housewife Donegal Ireland Own home USA corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ę, Tague Boyle Unknown 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address William J. King Glendale, Maryland. 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which] (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY PERFORMED? the wil YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) g. n. factory, street, office bldg., etc.) While Not while of work of wark p. m. 21. I certify that I attended the deceased from 19-12, that I last saw the deceased glive on, ADDRESS (Street, city or town, stelet ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1957 Mt Olivet Cemetery Washington D 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b_REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR ons Gasch's Hyattsville. Md. to tow



CERTIFICATE OF DEATH 05488 05526 Rea, Dist. No. filed with director hours ofter death. Page 1. PLACE OF DEATH 2 USUAL RESTDENCE (Where deceased lived IF institution: Residence before admission) a. COUNTY b. COUNTY Prince George MARYLAND Prince george b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (II outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Hrs. Capitol View d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Prince George General YES NO [2. NAME OF 4. DATE Middle last Month Year filled for DECEASED DEATH Poges (Type or print) Eugene Kinnerd 1957 Mav within IF UNDER TYEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE MARRIED NEVER MARRIED DE B. DATE OF BIRTH AGE [n years completely lost birthday) Months Days Hours DIVORCED Male Colored WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bamberg 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Julius Kinard Carrie Milton hours 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address ottending no 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART f. DEATH WAS CAUSED BY. nrs requires that the IMMEDIATE CAUSE (a) DUE TO 2 permit. Conditions, if ony, which (b) been signed gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? NO [200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m While Nat while of work at work alive on May 22 and that death occurred at 7.250AmM, from the causes and an the date stated above. SE DIRECT ACTUAL SIGNATURE FUNERAL DIR PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Jawn, or county) (State) poge REMOVAL (Specify) 5-28-57 Washington O 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EUREAU V. S.

DECENVED 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

SECEIVED PAR

17 E		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05528 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 27
please ex 4 shauld crematic	M)	1. PLACE OF DEATH O. COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE [Where deceased lived. If Institution: Residence before admission] O. STATE Maryland D. COUNTY Charles
sory. Poge Priol.		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown) end give nearest fown) Fort. Washington C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown) Waldorf
a		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o IS RESIDENCE
y is direct les. pria		Piscataway Creek Route # 2 , Box 81
uneral your fi		3. NAME OF DECKASED (Type or print) John Sidney Lane Lost DEATH May 9 Day Year 1957
The fact of fact the r		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years IF UNDER 19EAR IF UNDER 24 HRS IN years IF UNDER 19EAR IF UNDER 24 HRS IF U
3 to Vith		Male White WIDOWED DIVORCED July 3, 1930 26 yrs.
20 5 W		100 USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 4 bring most of working life, even if retired) Stock Clerk Dry Goods Pennsylvania 12. CITIZEN OF WHAT COUNTRY U. S. A.
10 2 of	(4)	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
5 2 m D		Richard A. Lane Dorothy E. Zimmermann
in 21 has ve Pages Page 5		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address (16. SOCIAL SECURITY NO. 17. INFORMANT)
£ ·-	/	Yes Korean 104-07-29 Richard A. Lane, same as # 2
B. C. PM3.		18. CAUSE OF DEATH [Enter only one coute per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ASPHYKIA ASPHYKIA
form form sit p	,	MAMEDIATE CAUSE (o) ASPILIALE 800 ASPILIALE DUE TO
in L with tran	4	Conditions, if ony, which) to Drowning
old beencil		gove rise to immediate cause (a), stating the underlying DUE TO
short a		couse lost. (c)
fiffcate Iding" 's Offic used os	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? YES NOTE:
per per		20c. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING CONTRIBU
word		
AMINER wing the wedical Page 3 sh	16	Hour o. m. 5/7 1957 While of work of w
writing bief Med OR: Page		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find the
At Chie		death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined cause .
O DEPUTY MEDICAL EXAMINER: cute the certificate, writing the wife forwarded to the Chief Medical E O FUNERAL DIT OR: Page 3 shows	. pc	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
DEPUTY Je the ce xrwarded FUNERAL		EXAMINER'S James I. Boyd DEPUTY MEDICAL EXAMINER May 9, 1957
cute cute forwer	5	Burial Cremation, 22b. Date thereof 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (State) REMOVAL (Specify) May 13, 1957 Arlington National Arlington Virginia
VS. A15ME(5)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
5M 9/5\$		F. Gasch's Sons Hyattsville, Maryland. DATE 5/13/57 (2450 Campeter)



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be ex	il in il	with	Il-trans	
hould	penc	olong	burie	
cote s	ng" in	ser's Office along with form PM3. Page 5 may be retained for your files.	d os o	
certifi	pendi	ner's (be use	
?: This	. puow	Exam	Ponty	
MINE	g the	edicol	ge 3 s	
L EXA	writin	hief M	Politic Po	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe-	cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 sh	rworded to the thief Medical E	TO FUNERAL DIRE Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior	
TY ME	certif	ed to	SAL D	.lov
DEPU	ate the	rword	FUNE	remo
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VS. A15ME(5) 5M 9/55

M	ARYLAND STATE D	EPARTMENT OF	HEALTH-BA	LTIMORE, 18
05438	MEDICAL EXA	MINER'S CERT	SIFICATE OF	DEATH

05491 Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If and 6. C	institution: Resider	
	b, CITY OR TOWN If buttide corporate limits, write BURAL and give nearest form) Cheverly	c. LENGTH OF STAY IN 16		f outside corporate limits	, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital H	_	d. STREET ADDRESS	d Quincy Pl	808	o. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print)	Middle T27 4 m a h a h b	Lost	4. DATE OF DEATH Mg	Month 7	Day Year 19 57
5.	SEX 6. COLOR OR RACE 7- MARRIE	Elizabeth Dan Never Married B.		9 AGE (In.)	IELINDER I	YEAR IF UNDER 24 HRS.
	Female White WIDOWED		Jan. 2, 190		yrı, mpinns i	Days Haurs Min.
) 10	a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if relired) Housewife	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote Oklaho	ar fareign country)		U.S.A.
13	. FATHER'S NAME	-	14. MOTHER'S MAIDEN I			
	Samuel M. Cole		S	Bara Adah Ne	vitt	
	es, no, or unknown] I (if yes, give war or dates of service)		formant Ronald G. La		ddress.	Son
	gove rise to immediate course (a), stating the underlying DUE TO course last.	Multiple per: ot wound of ab	domen.	inf. Vena	Cava.	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED. (En				PERFORMED? YES NO NO
	1 0011	inflicted guns				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II While of wor	NJURY OCCURRED 200. PLAC Not while factor al work 1	OF INJURY (Home, form y, street, affice blog., etc OTHE	Hattsvi	lle Pr	Geo. Md.
	21. I certify that I tack charge of the r	emains described abov	e, held an Autaps	y 🔲, Inspection) Inquiry	📆, and find that
	ACTUAL SIGNATURE JEHN J. HA	1	M.D. CHIEF MEDICAL E	KAMINER .	ned cause [].	DATE SIGNED
	EXAMINER'S NAME (Type) John T. Maloney	M.D.	ASSISTANT MEDIC DEPUTY MEDICAL	EXAMINER 🚺	May 7, 1	957
	G. BURIAL, CREMATION, 22b. DATE THEREOF May 9, 1957	Port Lincoln		Colman Na		(Slote)
23	Funeral Director's Signature F. Gasch's Sons Hyati	ADDRESS tsville, Mary	and DATENA		REGISTRAR'S STOIL	NATURE A

BUREAU V. S.

TEGE CI YA!

BECEINED

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05493
e e	05489 CERTIFICATE OF DEATH Reg. Dist. No.
director with the state of the	1. PLACE OF DEATH O COUNTY PRINCE STATE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before jodmission) O. STATE M. COUNTY B. MARYLAND
L be	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) IRS 2 non Free Held Mill
77	d. NAME OF HOSPITACIN not in hospital, give street address) OR INSTITUTION OR A FARM? YES NO IN
es I and	3. NAME OF DECEASED (Type or print) Baby Bay Bay Lost Lost Water DEATH May 24 1957
s. Page	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 1. Mole 1. Married Never Married B Date Of Birth 1. Mole 1. Married Never Married B Date Of Birth 1. Months Days Hours Min. 1. Months Days Hours Min. 1. Months Days Hours Min.
and camples on papers.	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
affer affer	13. FATHER'S NAME 14 MOTHER'S WAIDEN NAME MILLER 15. POUE 16. POUE 17. POUE 18. MILLER 19. MILL
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) (If yes, give wor or dotes of service) Mittle Rasel (Method) Source (in address)
ottending please of within 72	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), A E /EC AS : S INTERVAL BETWEEN ONS 61, AND DEATH IMMEDIATE CAUSE (a) FE FA A A E /EC AS : S IMMEDIATE CAUSE (a) FE FA A A E /EC AS : S
by the t. They y event	162.0 DUE TO POSSIDE MARSOLISM
n. signed it permi	gove rise to immediate cause (a), stating the under- lying cause last.
shysicia as been ol-frans ovol. on	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
cote horing or remi	200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
nis certifications are as implication.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not work of at work of
hospito After the hed for rial, cre	21. I certify that I attended the deceased fram. 324, 1957, ta 222, 24, 1957, that I last saw the deceased
by the	alive on 2 4 19 57, and that death occurred at 2 11 M, from the causes and an the date stated above. ACTUAL SIGNATURE ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE
At DIRE hould b	PHYSICIAN'S 7220 Former Rd. Huattsville md
may be r page 3 s the regist	20 BURIAL CREMATION, 226 DATE THEREOF, 221 NAME OF CEMETERS OR CREMATORY (220 (OCATION (City 15-14)) (State)
VS A15 (4)	23 FUDICAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE 25 PUDICAL TEST OF THE PROPERTY OF THE
15M 9/5∥	ASSECTION OF VICTORIAN TO ST 1 (800 Leaved)

BUREAU V.

7801 OI NU

DIAMESEN

DEPUTY MEDICAL EXAMINER:

e. IS RESIDENCE ON A FARM?

YES NOTE

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

3 years

PERFORMED?

DATE SIGNED

(State)

NO [29]

(State)

57



BUREAU V. S'

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO 05530 MEDICAL EXAMINER'S CERTIFICATE OF DEA	ATH	05496
하는 다음	ATT I			Reg. Dist.	No.
Poor Poor	(81)	1.	PLACE OF DEATH o. COUNTY O. STATE O. STATE		The state of the s
Pole		L	Prince George's MARYLAND Caryland		ce George
989		1	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negretations) c. CITY OR TOWN (If outside corporate limits)	mits, write RURAL and giv	ve nearest town)
			Norningside transient Morningside	* ,	
ar than	See .		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?
direction principal princi	112	L.	Buffalo Sand and Gravel Pit 207 Pine Grove D	r.	YES NO
delo ol ol ir firor		3.	DECEASED		Day Year
ya. ya.			(Type or print) Eddie Varini DEATH	May 2	8 1957
7 P P P P P P P P P P P P P P P P P P P		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE	esh alamit	
# 5 # # # # # # # # # # # # # # # # # #		Ĩ	Male White WIDOWED DIVORCED July 19, 1947 9	yrs. Months Day	s Hours Min.
ded ded		100	a. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)	12. CITIZEN	OF WHAT COUNTRY
and and Mark	- 1/		student school District of Colu	mbia U.	S.A.
m - m - m		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
0 00 00	_/		Miresco Marini Frances Fhreer		
24 ha Pages age 5 e pag		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1 If yes, give wor or dotes of service)	Address	
15 % TE	·			re as # 2	
MA3 G Mil			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	in a	NTERVAL BETWEEN
Der E			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia		7.001 7/10 VDAN1
for sit	,		7 2. 7, K DUE TO		
in in the state of	- (Conditions, if any, which) (b) Drowning		
or in the second			gave rise to immediate cause (a), staling the underlying DUE TO		
and			couse last. (c)		
Figure 1		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(c	19. WAS AUTOPSY
S O D		CERTIFICATION			YES NO X
erti e es		TE	20a. EXTERNAL CAUSE WAS PRIMARY-D or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of item 1	18.)	
ats of the property of the pro		E.	CAUSE OF DEATH. was swimming in pond and got in wa	ter over	his head
Exercise The Property of the P		N. C.	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED, 20e. PLACE OF INJURY (Home, form, 120f. [City or town) (State)
Ne he s	, t	MEDICAL	Hour XXXX 5/28 1957 While Not while of work of Gravel Pit Morni	ngside. P	.G. Md.
EXAMINE triting the ef Medico R: Page 3		1	21. I certify that I taak charge of the remains described above, held an Autapsy		
EX PER			death regulted from: Natural causes . Accident . Suicide . Hamicide . Undetern		A), dira ima iliai
Z 1			Count reported from Mentals Costs [1], Mediane [1], Manifered [1], Orderen	inied caosa Li.	
10 St # 18	**		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER []		DATE SIGNED
Mertino de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la c	ol		ASSISTANT MEDICAL EXAMINER		
UTY ne conded			EXAMINER TAMES I. BOYD DEPUTY MEDICAL EXAMINER 1	Ma	v 29. 195
Te the tree tree tree tree tree tree tree		220	o. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CI		(State)
O PO			REHOVAL (Specify) 5-31-577 Coday 11:00	the C	122/
		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS // 24g. REC'D BY REGISTRAR 2	24b. REGISTRAR'S SIGNA	TURE//
YS. A15ME(5)		10	Bur. 1661- Hord Hope Fd 361 AM 9 1 1057	11 77	21
5M 9/55			Transacra 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05491

CERTIFICATE OF DEATH

05497

Reg. Dist. No

										110 81 0111	2 ****	
1,	PLACE OF DEATH o. COUNTY Door	u u		MAR	YLAND	2. USUAL RE o. STATE	SIDENCE (Whe	re deceased liv	ed. If institution b. COUNTY_		6.1	
\vdash		nce corporale limit		,		01704	Md.			rince		
	RURAL and give ne	distanta carparate time	TS, WITH	c. LENGTH OF STA	Y IN ID	e City O	R TOWN (If au	hide corporate	limits, write RU	RAL and gir	ve neares	fawn)
L	Cheverly.	d.		3 Days		/ Mt.1	Rainie	r	ſd			
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	oddress)		d. STREET	ADDRESS					S RESIDENCE ON A FARM?
		orge Gener	al			333/1	Buchah	an St.				ES NO [7]
3.	NAME OF	Far		2 A Middle	KAL		MART		Mont		Dov	Year
L	DECRASED (Type or print)			X.		EXXX		DEATH	Me	V	22nd	1, 1957
5	SEX	6. COLOR OR RACE	7- MARE	HED NEVER MARR		B DATE OF BIE		9. /		Months D		UNDER 24 HRS
	Female	White	WIDOWI	of the state of th		April	-	ro (9)	82 yrs.	Months L	Doys H	ours Min
100	during most of work	N (Give kind of work on the late) of the late of the l	done 10b	KIND OF BUSINESS	OR INDU	STRY 11. BIRTH	PLACE (State of	r foreign count	(y)			WHAT COUNTRY
		lie		At nome					, N . C .		USA	
13.	FATHER'S NAME	7/ . 7 % -					'S MAIDEN NA	ME				
	Spencer	VETTSM				Unkn	om					
15.	WAS DECEASED EVER	IN U. S ARMED FOR	CE5? 16.	SOCIAL SECURITY NO) 17 fl	NFORMANT	(F-ri	end)	Addre	55		1
	No	None	2111.01	None	m	r. Pear	e m	alew	Sa	me o	20 0	force
	18 CAUSE OF DEA	TH [Enter only one co	vsæ per lii	ne for (a), (b), and (c)	1							AL BETWEEN
	PART I DEAT	H WAS CAUSED BY	. 1	and who	11	K. W. A. x. 2	4 . 1 .:		, ,	A . 7	ONSET	AND DEATH
		IMMEDIATE CAUSE (a		The same	73.	1	1	and the second		1.1.	1	
	Conditions, if an	,	ne week	U. T.	<i>-</i>	1/ 7	4 3.7	,				
	gove rise to immediate											
	couse (o), slating t	he under-		part .								
1	lying couse lost) (c									<u> </u>	
CATION	PART II OIH	ER SIGNIFICANT CON	DIT ONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED 1	TO THE TERMIN	AL DISEASE CO	ONDITION GIVE	N IN PART I	1(o) 19. V	WAS AUTOPSY 'ERFORMED?
₫	40	0,0									YE	S NO
CERTIF	OR CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRE	Enter nature	of injury in Pa	ri I or Part II c	of item 18.)			
S	20c. TIME OF INJURY	Month, Doy, Yes	or 20d It	NURY OCCURRED	20e. PL/	ACE OF INJURY	Ittome, form,	20f (City or	lown)	{Ca	unty)	(Stote)
WEDICAL	Haur a.m.	19	While	Not while	lac	tory, street, offi	ice bldg., etc.)				,,	•
2		at I attended the			91.	× 19 √	7.10 10	a 207	19.1	that Lla	et sow	the deceased
	alive on_ /			, and that					4			
		٧. ،	~			00001100			, city or lawn, si		r dele :	DATE SIGNED
	ACTUAL SIGNATURE	lliam	B	muni		MO[4]	244	utia	PAr	_	5	Tray-
	PHYSICIAN'S NAME (Type)	Dr. Brain	nin			C.	white	F/4	gla !	rul.		
220	BURIAL, CREMATION REMOVAL (Specify) Birthal	5/24/19		Ze NAME OF CEM Evergree				Roano	Ke, V1	rgin:	ia	(Stole)
23	FUNERAL DIRECTOR'S	SIGNATURE	Lea	ADDRESS	5/(leve	THE REC'D	BY REGISTRAR 27 '57	216 REGIST	RAR'S SIGN	ATURE	
									1000 11-	ADVILL!	IA.	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05493 CERTIFICATE OF DEATH Reg. Dist. No director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY Q. STATE b. COUNTY MARYLAND Maryland Georges WK Prime Georges rince. eral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION Edmonston Jd STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 5208 Decatur St YES NO Prince Georges General in b NAME OF 4. DATE Middle Lest Month Day Year Filled on 1 DECEASED OF (Type or print) DEATH Baby Girl McNah **ビーク7ービア** 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 17 MARRIED NEVER MARRIED X B DATE OF BIRTH 9. AGE (In years lost birthday) Months Days carbon papers. DIVORCED WIDOWED [camplet Female White 20 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Maryland Other 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Norman McNab Nancy Theresa Limerick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address nding 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** 5 Conditions, if ony, which signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \ NO \ 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of Item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f (City or tawn) 20d INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour 0. m While Not while at work at work 21. I certify that I attended the deceased from _ 1922 that I last sow the deceased and that deoth occurred of 247 CP. M. from the couses and an the date stated above. alive on the the ADDRESS (Street, city or lown, state) DATE SIGNED oined by DIRECT ACTUAL SIGNATURE should PHYSICIAN NAME (Type FUNERA DATE THEREOF BURIAL CRIMATION. NAME OF CEMETERY OR CREMATOR 22d LOCATIO abod REMOVAL Specify) he 0 FINERAL DIRECTOR'S SIGNATURE AOD LESS 240 REC'DEY REGISTRAR 246 REGISTRAR'S MIGHATURE DATE 1SM 9/55

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certificate

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HOSPITAL

BUREAU V. S.

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		054	194	CERTIFIC	ATE OF	DEATH	1		Reg. D	ist. No.	UDD	100
1.	PLACE OF DEATH 6. COUNTY	dince George			II o STATE	IDENCE (Wh	iere decease	d lived If instituti b. COUNTY	on Reside	nce beto	e odmiss	
		outside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	ulside corpo	orate limits, write R			orest town)
L	Chaverly			1 Hr. 2 Hr.	Xa Croc	ome, M	d.					
Γ	d. NAME OF HOSPITA	L (If not in hospital, give	e street c	address)	d. STREET						e 15 RES	IDENCE
L		George Gener			/ Croom	ne Sta	. Road	<u>d</u>				NO 🗌
3.	NAME OF DECEASED	Fint		Middle	Lo	sl	4. DATE OF	Man		Do	У	Year
L	(Type ar print)	G	race	M.	Moore		DEATH	Ma	Y	3		19 57
5	SEX	6. COLOR OR RACE 7	MARR	ED X NEVER MARRIED	B DATE OF BIRT	ГН		9 AGE (In years lost birthday) 53 yrs.	Months:	R 1 YEAR		ER 24 HRS
	remale		VIDOWE					P	MONINA	Days	Haurs	Min
16	during most of working HOUS	N (Give kind of work doing life even if retired) I EWIIE	ne 105. i	KIND OF BUSINESS OR INC	9.4	LACE (Stole		country)		J.S.	F WHAT	COUNTRY
13.	FATHER'S NAME				14. MOTHER'S					1000		
	Wi	lliam Smi	th		Mat	ilda	Digg	18				
15.		IN U. S. ARMED FORCE		SOCIAL SECURITY NO. 17.	INFORMANT		2-00	Add	ress			-
L	es. no. or unknown) (1	Aer dive mot or gater of reus	rce)	J	ames M. I	Moore(Husbar	nd)	Sam	e As	Abo	ve
Г		TH [Enter only one caus	e per lijfi	for (a), (b), and (c)]	0		-1				RVAL BE	
	PART 1, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)_		cute c	1 mont	nel c	> de	12. A			DOL	440
	Canditians, if an gave rise to im cause (a), stating t	mediate (H4,	putensive	Arterio	SCEL	atio	HEAT	Die	319	48	ANS
	lying cause last.	(c)_	,	DIABETE	5 1/18/	1170	2.				UE	BAS
Tioli		ER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	9 WAS PERFO	AUTOPSY RMED?
F F	4										YES 3	NO [
CIRTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)	06. DESC	RIBE HOW INJURY OCCUR	RED, (Enter noture i	of injury in P	'art I ar Par	1 II of item 18.)				
MIDICAL	20c. TIME OF INJURY Hour e. ft. p. m.	Month, Day, Year 19	20d. IN While at work	_ Not while _	PLACE OF INJURY factory, street, offic	(Home, form, e bldg., etc.	20f (City	or town)		(County)		(State)
	21. I certify the	t _a l attended the d	lecease	ed fram	Les , 19 5	7 to	651	Mar. 195	That i	fast so	w the	deceased
	alive on	5 May	125	and that dea	th occurred at	7:30	AM, from	n the causes of	and an	the da	le state	ed abave
	ACTUAL URE	1 a anyas y	19	aloney 14	M.D. 78	74-	7/8/	1 GUL	and	HE	Will	1 kg
	PHYSICIAN'S NAME (Type)	/										
L	REMOVAL (Specify) Burial	5-7-57		22c NAME OF CEMETERY	or crematory Shurch			ome, Ad			(State	±)
23	Mythe ;	SIGNATURE CLIN	U 4	37490RESintel	, N.E.	24a. REC'E	BY REGIST	TRAR 245 REGIS	STRAR'S SI	GNATUE	E	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05496

CERTIFICATE OF DEATH

05503

Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · COUNTY o. STATE b. COUNTY Prince George MARYLAND George Maryland Prince b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Upper Marlboro davs Che verly d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION Box 229 General Hospital Rt. 2 Prince George YES NO NAME OF First Middle 4. DATE Last Month Day Year DECEASED OF DEATH 57 Oliver Morgan May (Type or print) 10 5. SEX 6. COLOR OR RACE 7 MARRIED [B. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min. Male Black WIDOWED [DIVORCED yrs. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) None U.S.A. Edgefield, S.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Melligan Morgan Hannah Morgan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETYPEEN PART I, DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (c) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NOW 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Not while at work of work p. m. 21. I certify that I attended the deceased from 195 Lithat I last saw the deceased That death occurred at 2,30A alive on .M, from the causes and on the date stated above. ADDRESS (Street_eiter town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 240. RECID BY REGISTRAR REGISTRAR'S SIGNATURE 15

DATE

BUREAU V. S.

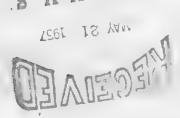
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05531 CERTIFICATE OF DEATH

05504 Reg. Dist. No. 237

		PLACE OF DEATH				2	USUAL RESIDE	NCE (Whe	re deceased le	ved. If institut	ion: Residenc	te before oc	Imission)		
		Pri	nce Geor	ges	I MARI	LAND	o. STATE M	aryl	and	b. COUNTY	Prin	ce Ge	orges!		
		CITY OR TOWN (II		nits, write	c. LENGTH OF STAY	IN 1b	c CITY OR TO	WN (If ou	tside corporate	e limits, write	RURAL ond g	ive negrest	town)		
			Heights	3	Life		< D								
		d. NAME OF HOSPITA	AL (If not in hospital,	give stree	t oddress)		d. STREET ADDRESS e. IS RESIDENCE								
		7200 Gat	coway Bly	rd.			7200 Gateway Blvd.								
	3. 1	NAME OF DECEASED	F	First Middle			Last		4. DATE	Mo	nth	Day	Year		
		(Type or print)	Ma	ary	Ann		Mullik	in	OF DEATH	1	May	19,	19 57.		
	5. 9	SEX	6. COLOR OR RACE	7. MA	RRIED NEVER MARRI	ED 8. 1	DATE OF BIRTH		9.	AGE (In years lost birthday)			INDER 24 HRS.		
	I	Pemale	White	WIDOV			'eb. 28	. 18	376	81 yrs	Months	Days Ho	Min Min		
	10e	USUAL OCCUPATIO	N (Give kind of work	done 10b	. KIND OF BUSINESS C	R INDUSTR	11 BIRTHPLAC	E (Stote o	r foreign coun	try)	12. CITI	ZEN OF W	HAT COUNTRY?		
У.]	Housewile	ng iire, even ir reiire	ol	Own Home		Mary	1 and	L		U	. S.	A.		
	13.	FATHER'S NAME					14. MOTHER'S M	AIDEN NA	AME						
		Joseph W.	Wells				Will	ie A	nn Da	У					
	15.	WAS DECEASED EVER	IN U. S. ARMED FO		SOCIAL SECURITY NO	, 17. JNFC					Içess		737 3		
7		NO or unknown) (f yes, give wor or doles of	service)		Joh	ın Owen	Mul	likin	7200	trict	eway Hant	Blvd.,		
		18. CAUSE OF DEA	TH [Enter only one c	ouse per	line for (o), (b) and (c).	1 4	. /		1		V V	INTERVA	L BETWEEN		
		PART I. DEAT	TH WAS CAUSED BY:	01 (8)	exelis a	17	(erma)	4416	4 mg 1			ONSET A	AND DEATH		
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-		Conditions, if an	y, which)	. 0	eus ral 1	470 N	inselo	A AO	2-			Din	linne		
		gove rise to in	mediote C	7		- E. C. K. 20	7//	20174				1000	-VIJW VI		
	Н	couse (a), stating I lying couse lost.	en hunger.	c)	-										
	Z	PART II. OTH			CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO T	HE TERMIN	IAL DISEASE C	ONDITION GI	VEN IN PART	1(o) 19. W	AS AUTOPSY		
)	CERTIFICATION												REFORMED?		
	TIE	200. ACCIDENT WAS	UNDERLYING	20b. DE	SCRIBE HOW INJURY O	CCURRED. [Enter nature of i	njury in Po	ort I or Port II	of item 18.)		!			
	- 1	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
	Z.	20c. TIME OF INJURY	Month, Day, Ye		INJURY OCCURRED	20e. PLACE	OF INJURY (Ho	me, farm,	20f (City or	town)	(C	ounty)	(Stote)		
	MEDICAL	Hour o. p. p. m.	19	While of wo	Not while ork or Work	tocror	y, street, office b	idg., etc.)	_						
		21 I contifu the	at Lattended the	decec	sed from May	17	10.57	· 24	14 /9	105	7 15-11 1 2		the decrease I		
		alive on 740	4/18	10.	c = c = c = c = c = c = c = c = c = c =	dooth o	ccurred ot	427	id en	/			he deceased		
		divo ong_i	1		Saykaya, dila isali	deulii o	ccorred of 23			ne causes (1, city or town,		ie date s	lated above.		
, !		ACTUAL SIGNATURE	10176	7	SFIE		3740	100-	Le Dece	1740	orch's	C2 "	5/19/57		
		SIGNATURE SZE	0	-	7-44	M.L	· Warfafi	-	()	1-1-1-1			17 707 0 1		
		PHYSICIAN'S PA	URCVA	M	VALLA.		200	zal	und	lon.	28	200			
	220	BURIAL, CREMATION	V. 226. DATE THERE	OF	22c. NAME OF CEM	ETERY OR C	REMATORY		22d. LOCATIO	N (City, town,	or county)		(Stote)		
	J	REMOVAL (Specify)	5/22/5	7	Mt. Car				Uppe		lboro		Md.		
	_	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTRAL		STRAR'S SIG		JILLE		
	I	Ritchie E	Bros. I	Jpp e	r Marlbor	o, Má	le D	ATE 5/	131/57	()x	Liet.	16. 21	A soft		



BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05508 05532 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · COUNTY O STATE b. COUNTY MARYLAND Prince Georges Prince Georges County Maryland b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give nearest town) Cheverly, Maryland day. Glen Arden d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 20 YES NO Prince Georges General Hosnital ココピク _5±h. NAME OF Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 1957 Parker Baby Boy Mav IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours DIVORCED [T WIDOWED [7] papers. Male Negro 100 USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 31 BIRTHPLACE (State or foreign country) oth. during most of working life, even if retired) C 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ij 17171 C hours WAS DECEASED EVER IN U. S ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔃 NO 🗍 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour 0 0 Not while of work of work 21. I cortify that, I attended the deceased from 19 _______,that I last saw the deceased and that death accurred at 11:00PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DIRECT ACTUAL SIGNATURE 9 should PHYSICIAN'S NAME (Type) FUNER m 22 BUR AL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY poge **REMOVAL** (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE VS A15 (4)

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O HOSPITAL

BUREAU V. K.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05507 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05533 Rea. Dist. No. is necessary, please e ector Page 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Pr.Geo. Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negret) lower Landover D.O.A. Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) director d. STREET ADDRESS e. IS RES DENCE prior Files. Prince Georges General Hospital 6709 Landover Road YES NO . deloy 3. NAME OF Middle DATE Month Day Year retained for your 2 with the registra DECEA SED 1957 (Type or print) Wallace Parker DEATH May 24. Thomas. 5. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. the 56 Months Hours 3 to Colored | WIDOWED [DIVORCED [Sept. 29. Male yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond U.S.A. pe Gov't Printing Office Virginia Casterman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 h. Pages 1 poges Ardelia Byrd John W. Parker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (If yes, give wor or dates of service) in Item 18. Give Programmer Programmer Programmer Fill Anna Dandridge, 1941 Lauretta Ave., Balt. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiovascular renal disease IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which pencil olang w buriol-t gove rise to immediate cause **DUE TO** (0), stoting the underlying couse lost. ER: This certificate she
be word "pending" in a
office office of Examiner's Office of
should be used as a b PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY CATION PERFORMED? NO F CERTIF 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 1) of item 18) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Slote) riting the vef Medicol factory, street, affice bidg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry and find that Alief OR: Accident , Suicide . Homicide . Undetermined cause . MEDICAL DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER | 00 SIGNATURE M.D. cute the cert forworded to FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER 1 NAME (Type) May 24. 1957 John T. Maloney BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 **ADDRESS** FUNERAL DIRECTOR'S SIGNARU 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. A15ME(5) 28 5M 9/55

BUREAU V. E.

OBVEDER V201 88 YAN.

F. Gasch's Sons Hyattsville Md.

VS. A15ME(5) 5M 9/55

EXAMINEY:

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BUREAU V. K.

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
I m .e		05535 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05509 -
should be	<u> </u>	Reg. Dist.	No.
should should should	1, PL	LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	_
4 2		Prince Georges Maryland Pr.	Gee.
ego oge	b.	CITY OR TOWN (If autide corporate limits, write RURAL and give and give nearest town)	
iar. Page		Cheverly D.O.A. X Langley Park- Hyattsvi	
. 77 0 -	d.	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	o. IS RESIDENCE ON A FARMII
- SER E		Prince Georges General Hsopital 7929 15th Avenue	YES NO I
		PECEASED	oy Year
f any de for yaur e registr	(T	Type or print Steven Paul Rice DEATH May 3	1 1957
= 92 9	5. SE	(all birthdoy)	AR IF UNDER 24 HRS.
death.		Male white WIDOWED DIVORCED March 14, '57 yr. Month 76	Hours Min.
ded ded	10a.	uring most of working life, even if retired)	OF WHAT COUNTRY
V & Sage		Maryland	.S.A.
2.0-	13. F	FATHER'S NAME 14, MOTHER'S MAIDEN NAME	
5 g v Q		James A Rice Reva Ann Whitmore	
200	15. V (Yes, r	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
		James A. Rice, Same address	
P. G. P. Mit.	1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	NTERVA, BETWEEN DNSET AND DEATH
uted w n 18 mm PM.		PART I. DEATH WAS CAUSED BY: Bronchopneumonia	
ten fan fan fan		7/X DUE TO	
Se execution that with for transit		Conditions, if any, which) (b)	
pencil fang forial		gave rise to immediate cause (a), stating the underlying DUETO	
5 - 0		couse lost. (c)	
2: 4 8	Š.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a	19. WAS AUTOPSY PERFORMED?
nding of the control	CATION		YES T NO
pendi ner's	FE 2	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
S. P. S. P. S.		PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
ward ward if Exar shauk	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County)	(Stote)
The year	MED	Hour o. m. While Not while of work of work of work	
EXAMINER Intring the warf Medical A: Page 3 st		21. I certify that I taak charge of the remains described above, held on Autopsy 🔃 Inspection 🔼 Inquiry	and find the
		death resulted fram: Natural causes 📉, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined cause 🗍.	
MEDICAL retificate, parties to the control of the c		0 /	
AEDIC Aiffication the DIRECT		SIGNATURE M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
A date		ASSISTANT MEDICAL EXAMINER [7]	
The he was		EXAMINER'S (John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER May 31, 1	.95 7
cute the certain forwarded to FUNERAL or removal.	22o.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
5 p p p		REMOVAL (Specify) Burial 6/1/57 Fort Lincoln Cemetery Colmar Manor, Md.	
Ve Alemere	23. FI	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE	TURE
Vs. A15ME(5) 5M 9/55	I	F. Jasch's Sons Hyattsville, Md. DANK 4 57 Willedu	
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DECENAED

UREAU V. E.

VS. A15ME(5) 5M 9/55

	MAI	RYLAND	STAT	E DEP	ARTME	NT OF	HEALTH	-BAI	TIMORE,	18
0553	6	MEDIC	AL E	XAMI	NER'S	CER	TIFICATI	E OF	DEATH	Re

05510

L	l e	000								Reg. Dist	No.		
1,	PLACE OF DEATH					2. USUAL	RESIDENCE (V	Vhere decease	ed lived. If institu	ion: Residenc	e before	odmission	1
	o. COUNTY	ce George	38		MARYLAND	e. STAT	Marvl.	and	b. COUNT	Prince	a Ca	mare l	
	b. CITY OR TOWN IF			c. LENGTH	OF STAY IN 16	c, City	OR TOWN (IF	autside corp	orate limits, write				-
	ond give nearest town) Chever Ly			21 da	ayış	1×1	Upper	Mar Tho	ro				
	d. NAME OF HOSPITA		If not in hos			d. STRE	ET ADDRESS	MANAGEMENT AND DAY DAY			a,	IS RESIDE	INCL
	Prince G	eorge's Ge	neral	, m,		1	Box 19	1			Y	ES N	0 🔲
3.	NAME OF DECEASED	Fin	rt		Middle		Last	4. DATE	Month		Day	Yeor	
	(Type or print)	Alic		E.	Ridger	ray		DEATH	May		12	1957	7
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER	MARRIED	DATE OF B	IRTH CZPO	nt-	9. AGE (n years lost birthday)	IF UNDER 1Y		UNDER 24	
L	Female	White	WIDOWE	DI DI	VORCED	marie	17 18	3747	83 P ym.	Months Do	lys Ho	ours Mir	1,
10	a. USUAL OCCUPATION	N (Give kind of work a life, even if retired)	done 10b. K	IND OF BUSH	NESS OR INDUS	TRY 13-BUT	HPLACE (State	or fareign co	ountry)	12. CITIZE	N OF W	HAT COU	NTRY?
	Housewife			Own Hor	ne	7	orrest	tulle	maryle	my U.	.S.A.	•	
1:	EATHER'S NAME	R.	0	1		14. MOTH	ER'S MAIDEN N	MAME					
L	Tuckso	n 1/210	har	rdso	77		LmA	ens	2002-	trans			
	S. MAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECU	RITY NO. 17.	NFORMANT	-	Λ.	Address	1.61	W	1-00	
L	me		-	non	2 7/	mall	rginic	x 111.	Buck	MASE	7///	aire	200
Г	18. CAUSE OF DEAT	H [Enter only one cou	se per line f	ar (a), (b), on	id (c).]		1)				INTERVAL ONSET AN	BETWEEN	
П		MAS CAUSED BY:		tum lete	Bundle	Brane	Rlook				0.1361 241		
	442.	DUE TO											
	Conditions, if an		C	andi ova	asculary	reas?	i eesee						
	gave rise to immedi (a), stating the u	ofe couse (-c-Marie							
	couse last.) (c)											
Z	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIVE	EN IN PART 1	(a) 19. W	VAS AUTO	DPSY
CERTIFICATION	Pro Pro	acture of	left:	Comuse							YES	_	
STEE	20a. EXTERNAL CAUS PRIMARY ar CON CAUSE OF DEATH.	E WAS			Y OCCURRED, (I	Enter nature o	of injury in Port	t 1 or Part II e	of Item 18.)				
		2	77-T	17	M	l							
MEDICAL	20c. TIME OF INJURY	Month, Day, Yes			ARED The. PL	CE OF KUU	RY (Home, form	20f. (City	or town)	(Count)	yl	(\$1	late)
MED	Hour a.m.	1, 21 195	7 While	rk at war		iom e	mee blog., etc.		er Marlb	oro P.	G.	Md	ie
	21. I certify the	at I faak charge	of the r	emains de	scribed abo	ive, held	an Autops	y , In	spection.	Inquiry	Fl. 0	nd find	that
		from: Natural		_		cide 🗍,	Hamicide	-	determined co		E		
	-		-		that.	/							
	ACTUAL	mand o	1		5-11	M.D CHII	F MEDICAL EX	AMINER [D/	ATE SIGNE	20
			- X.4.		PI		STANT MEDIC	AL EXAMINER					
	EXAMINER'S NAME (Type	James I.	Boyd		"	DEP	UTY MEDICAL I	EXAMINE	Ma	v 13.	1957		
22	a. BURIAL, CREMATION			22c. NAME O	E CEMETERY CO	CASHAROR	f		ION (City, town, o			(State)	
1	Burell	5-15-0	57	Epil	shane	r Con	7.	17/11	restrill	c. (M)	rus	lein.	d
23	FUNERAL DIRECTOR'S	SIGNATURE	0 11	ADDRES	5 -16	111 12		D BY REGISTE	RAR 246 REGIS	TRAR'S SIGN	ATUS		
11	N.W. Cha	mbers 6	CA. VV	ashin	roun.	そへ	DATE	MAY 17	57 () 19	an.	. /		



-1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05511
	W	05457 CERTIFICATE OF DEATH Reg. Dist. No. 344
director and will		1. PLACE OF DEATH O. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institut an. Residence before admission) D. COUNTY D. C
meral of the file		b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
y the f	*	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR A FARM? YES NO EL
ed in b	~	3. NAME OF First Middle Last 4 DATE Month Day Year OF A DATE OF Month Day Year
Poges		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH PROPERTY SEAR IF UNDER 24 HRS.
cample:	į ,	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
on and co		13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physician mave car	.\ 4	Lee Rubiner Trot available, 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. INFORMANT Address
Ing ph	1	1/4, no or unlangual) (If you give wor or dates of service) Wins, D. Robbison -3/0 Elm Arrey Ludyning
ottend ottend in plea		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6]
by the	D .	Conditions, if ony, which) as Caterivalleration a VR Disease 5 hears
signed signed	5	gave rise to immediate cosse (o), stating the under- tying cause lost. DUE TO DUE TO DUE TO
hysicial been been bransi		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
d'ing p		YES NO P 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH Unificative and the standing of the standin
or other is certificated by the or other or othe		20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a.m. 20f. (County) (State)
ospitol (fter th	Š	21. I certify that I attended the deceased from 21. 1957, to 22. 1957, that I last saw the deceased
y the h	2	alive on
DIRECTOR DIRECTOR	1	SIGNATURE William Branners, 6124 Central Are 5/24/5;
se reto	i i i i i i i i i i i i i i i i i i i	PHY NAME (Type) WM BRAIN IN CARTAI Note No. 1220 BURIAL CREMATION, 226 DATE THEREOF 220 BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 220 NO. OCCUPANTO (South) (South)
moy boge	9	BERMOVAL (Specify) MAY 27, 1957 ADDISON CHAPEL Seal Tleason. The.
V5 A15 (4) 15M 9/55	N. jost	27 FUNTERAL DIRECTOR'S SIGNATURE ADDRESS TARCOST ARRELL STAW. 240. REC'D BY REGISTRAR'S SIGNATURE DATE DATE DATE
	110	W. Ot. Kedned



BUREAU V. K.

05512

Reg, Dist, No.

1.	PLACE OF DEATH o. COUNTY Prin	ce George	5	MARYLANI	O. STATE MOST				ce before odmission) ICE George 15
	b. City or town (if and give nearest lown) Cheverly		e RURAL	c length of stay in the		WN (If outside o	corporate limits, write	RURAL and	give nearest town)
		rge s Gene	-	pital, give street oddress) Hospital	d. STREET ADD	48th P	lace	1	o. IS RES DENCE ON A FARMS YES NO
	NAME OF DECEASED (Type or print)	Fir B enja mi		Middle Robi	n.son.	4. DATE OF DEAT	H May	th	19 Year 57
M	sex	White	WIDOWE		June 23,		9. AGE (In years lost openator) 975.	Months 1	YEAR IF UNDER 24 HRS
100	during most of working Clerk	N (Give kind of work of life, even if retired)		and of Business or industrial versity of M		(State or foreig		1	S. A.
13.	Bernard F	lobinson			14. MOTHER'S MAI	iden name H ershfi	eld		
15. (Ye	Yes	R IN U. S. ARMED FO	RCES? 16.	70-07-2530	Hagel W. R	obinson	Address Same 23		
	PART I. DEATH 123 Conditions, if an gove rise to immedial, stalling the units of	y, which (b) inte cause	Hemo	for (0), (b), and (c).] orrhage and sh shed chest, ab		pelvia:			INTERVAL BETWEEN ONSET AND DEATH
FICATION	01	(c) ER SIGNIFICANT CONI Libetic		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINALDISE	ASE CONDITION GI	VEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
CERT	200. EXTERNAL CAUSE OF DEATH. 200. TIME OF INJURY	TRIBUTING [iver	e how injury occurred. of an automo	bile that	ran off		and st	
MEDICAL	130 B.M.	5/19/57 19	While of wo	rk of work R	ute # 202	g., elc.) Ur	per Narlb		
	ACTUAL SIGNATURE		causes [emains described ab	M.D. CHIEF MEDI		Undetermined		DATE SIGNED
23.	BURIAL CREMATION REMOVAL (Specify) hirial funeral director's he S.H.	SIGNATURE	57	Arlington Appress Anington Address Anington, D.	National 240	Cem	CATION (City, lown, Ft. Myer ISTRAR 726, REGI	TT	(Stote)

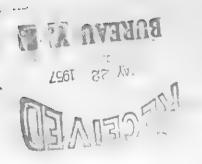
DATE

forwarded to the Chie VS. A15ME(5) SM 9/55

ar removal.

within 24 haurs ofter death. If ony delay is necessary, please exergive Pages 1, 2, and 3 to the funeral director. Page 4 should be M3. Page 5 may be retained for your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. writing the word "pending" in pencil in Item 18. Givile Medical Examiner's Office along with form PM3. R: Page 3 shauld be used as a buriol-transit permit.



10	2		
11	3		on,
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any defay is necessary, please eathers	ertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be		R: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to iat, cremain
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any .	Uner	s Office along with form PM3. Page 5 may be retained for your files.	egis
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05498

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMONS MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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G-Na

)	1, 8	MACE OF DEATH	Prince Geo	rges	MARYLAN	O STATE		Where deceases	d fived. If institu		Geo.	idmission)
	ь	o. CITY OR TOWN (If of one give negres) town) Ch	utide corporate limits, write	RURAL P	D.O.A.	b c. CITY		f outside corpo	rote limits, write	RURAL and	give neares	f fown)
9	d		orges Gene		oitai, give street oddress) ospital	d. STREE	3508	Alliso	n Street	,		S RESIDENCE ON A FARM?
	.[NAME OF DECEASED (Type or print)	Clarence		Sartain, Sr		ast	4. DATE OF DEATH	May 2	3, 199	Doy 7	Year 19
		Male	white	WIDOWED		Febr	uary 2	7, 188	Blost brokdov) 8 69 yrs.	Months D	YEAR IF U	NDER 24 HRS.
	Re	. USUAL OCCUPATION lyring most of working tired main	(Give kind of work the property of the propert	done 10b. Ki	IND OF BUSINESS OR IND	JSTRY 11. BIRTH	land	or foreign cos	intry)	12. CITIZ	U.S.	AT COUNTRY?
	13.	George W	ashington	Sarta	in	14. MOTHE	'S MAIDEN I	eura K	ing			
1		WAS DECEASED EVER	IN U. S. ARMED FO	RCES? 16. S	SOCIAL SECURITY NO. 17	Adelaid	e Tere	sa Sar	Address tain; sa		iress	
		442 > Conditions, If any gove rise to immedia	WAS CAUSED BY: WMEDIATE CAUSE (a) DUE TO Which the couse	Act	or (o), (b), ond (c).] ute congesti rdiovascular						INTERVAL BI ONSET AND	
>	CERTIFICATION	20g. EXTERNAL CAUS	(c) R SIGNIFICANT CONI		NTR BUTING TO DEATH BUTING TO DEATH BUTING TO DEATH	da.				/EN IN PART		RFORMED?
	إبا	PRIMARY (1) or CON' CAUSE OF DEATH. 20c. TIME OF INJURY Hour o. m.	RIBUTING [20d, 1h While	NJURY OCCURRED 20+ 1	LACE OF INJUR	(Home, farm	n, [20f. (City o		(Coun	ity)	(Stole)
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection &, Inquiry A_, and find that death resulted from: Natural causes &, Accident, Suicide, Hamicide, Undetermined cause ACTUAL SIGNATURE										
و		EVAMINEE!	ohn T. Mal	oney,	M.D.	ASSIS		AL EXAMINER		23, 1	.957	
		BURIAL CREMATION REMOVAL (Specify) Burial	May 25,	1957	27c. NAME OF CEMETERY "ort Lin		netery		on (City, Iown, mar Mar	2.0		Slole)
	23.	FUNERAL DIRECTOR'S	SIGNATURE Sons II	yatts	ville Md.			MAY 2 7	57 245 REGI	STRAR'S SIGN	//	

VS. A15ME(5) 5M 9/55

BUREAU V. S.

TZEL, TS YAW

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05499 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

AFFAR

	00	O	1	4
Reg.				2

ŢĿ,	o. COUNTY				ll.	2. USUAL RESIDENCE (V	Vhere deced			before admission)	
7_	0. 200/11	Prince G	eorg	OS MARYL	AND	o. STATE Mar	ylan	d b. COUNT	Υ		
	b. CITY OR TOWN (If a and give nearest town)	outside corporate limits, writ	a RURAL	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TOWN (IF	outside co	rporote limits, write	RURAL ond giv	e nearest town)	
	Laurel	1.		transier	1t_	Bal	time	re 3/0	11-4		
	d. NAME OF HOSPITA	L OR INSTITUTION (If not in ho	spital, give street address)		d. STREET ADDRESS			-	e. IS RESIDENCE ON A FARM?	
		ed Static	n			4658 K	ernw	end Aver	านอ	YES NO	
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mont	h C	ay Year	
	(Type or print)	John		M1chael		Schreyer	DEATH	May	1	19 57	
5.	SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	8.0	ATE OF BIRTH		9, AGE (In years last birthday)	IF UNDER TYE		
	Male	white	WIDOWE			June 24,1	882	74 yes.	Months Day	Haurs Min,	
10	a. USUAL OCCUPATION during most of working	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (State	or fareign	country)	12. CITIZEN	OF WHAT COUNTRY?	
/	Account		Ì	Race trac	k	Marvla	nd		U.S	- A -	
13	. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME		1 4 4 10		
	John I	eenard S	chre	ver		Mary M.	Eidi	man			
15	. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	ORMANT		Address			
} [ful best flace with on opposite	20,3102)		F	lorence M	. Sel	hrever			
	18. CAUSE OF DEAT	H [Enter only one cas	se per line	for (a), (b), and (c).					11	NTERVAL BETWEEN HISET AND DEATH	
		H WAS CAUSED BY:		Acute con	MAS	tive hear	t fa	ilume		MSCI AND DEATH	
	Acute congestive heart failure										
	Conditions, if any, which) (b) Arterioscleretic cardiovascular disease										
	gove rise to immediate cause										
	(c), stoting the underlying Cause lost.										
Z	PART II. OTHE			ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART I(c	19 WAS AUTOPSY	
CERTIFICATION									· ·	PERFORMED?	
FE	200. EXTERNAL CAUS	SE WAS 20	b. DESCRIB	E HOW INJURY OCCURR	ED. (Enle	or noture of injury in Part	l or Port 1	l of item 18.1		THE INCIDENT	
CER.	PRIMARY OF CON	TRIBUTING [,						
3	20c. TIME OF INJURY	f Month, Day, Yes	r 20d.	INJURY OCCURRED 20e	- PLACE	OF INJURY (Home, form	20f. (Cit	y or town)	(Caunty)	(State)	
MEDICAL	Hour a.m.	10	Whit		factory	, street, affice bldg., etc.	1		1- 77	,,	
12		.,,			abave	held on Autono		nanation [2]	Inquie.	D d Stud shot	
	21. I certify that I tack charge of the remains described above, held an Autapsy Inspection Inquiry and find that										
	death resulted from: Natural causes 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined cause 🔲.										
	ACTUAL (/	7	MAA -	1-		CHIEF MEMON EW		,		CHOIZ STAD	
	SIGNATURE	m. C.	16	any	/	M.D. CHIEF MEDICAL EX	_	•			
	EXAMINER TO J	ohn T. M	alon	ey, M.D.		DEPUTY MEDICAL E		_	1. 19	57	
220	BURIAL, CREMATION			22c. NAME OF CEMETER	Y OR CE			TION (City, town,		(Slate)	
	REMOVAL (Specify) Burial	May L.	1957	Loudon Pa				to. Md.	,	12.0.0	
23.	FUNERAL DIRECTOR'S			DDRESS	7 -		D BY REGIS		STRAR'S SIGNA	TURE	
	MM. J.	Victor	ex V	Sous = 14	al	COIT DATE	5/2/5	3 M	Wirth.	a el en	

VS. A15ME(5) 5M 9/55

or removal.

Aug .

BUREAU V. E.

NAY 3 1357

	ì	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
/ · · ·		05500 CERTIFICATE OF DEATH 05515
M		PLACE OF DEATH O. COUNTY O. STATE D. COUNTY D. COUN
		b. CITY OR TOWN (If outside corporate limits, write Vc. LENGTH OF STAY IN 1b RURAL and give negrest town) Control Heads to the composition of th
		d. NAME OF HOSPITAL (II not in hospital, give street address) QR NSTITUTION 2 2 - 6 / 2 T Place, 3 0 2 - 6 / 2 T Place, 9. 15 RESIDENCE ON A FARM? YES □ NO □
	1	NAME OF DECEASED (Type or print) LILLE TO SCOTT DEATH North Day Year 2 195
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 1 UNDER 1 YEAR IF UNDER 24 HRS. White WIDOWED DIVORCED DIVORCED Months Days Hours Min.
X	L	2. USUAL OCCUPATION (Give kind of work done done done done done doring most of working life, even if retired) A USUAL OCCUPATION (Give kind of work done done done done doring most of working life, even if retired) A USUAL OCCUPATION (Give kind of work done done done done done done done done
		FATHER'S NAME LICA Ferrary 14. MOTHER'S MAIDEN NAME Linkerson
	15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address If you give war or dates of service) The melyinger - 302-6/2-06/2-06/2-06/2-06/2-06/2-06/2-06/
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestion Heart Fauline 2 Methods 2 Methods 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
		Conditions, if any, which gove rise to immediate couse (o), stoting the under lying couse last. DUE TO DUE TO Conditions, if any, which (b) Conditions all the under lying couse last.
-2	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO (1)
	AL CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. 19 While Not white of work of two
		21. I certify that I attended the deceased from 15, 1954, to 22, 1957, that I last saw the decease alive on 1257, and that death occurred at 1/2, M, from the causes and on the date stated above
1		ACTUAL SIGNATURE Walliam Branin M.D. 6/24 Central Ave 5/22/5
,		PHYSICIAN'S WM. BRAININ Capital Hyta mil
	L	5-25-57 Cedar Hell Cernetery Suitemed Maryland
	23.	FUNERAL DIRECTOR'S SIGNATURE V. W. Chambers Co. Mashington, D. C. DATE 5/34/57 (which Carry full
		. 4

PELL PS VAI



BUREAU V.

22c NAME OF CEMETERY OR CREMATORY

ADDRESS

Fort Lincoln Cemetery

22d. LOCATION (City, town, or county)

24g REC'D BY REGISTRAR

Colmar Manor, Md.

24b. REGISTRAR'S SIGNATURE

FUNERAL DIS pode VS A15 (4) 15M 9/55

ACTUAL SIGNATURE

PHYSICIAN'S HAME (Type)

Burial

220 BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Dr. Frederick Musser

Gasch's Sons Hyattsville. Md.

22b DATE THEREOF

BECEINED

BUREAU Y. S.

ZSCI # NO.



certificote

deoth

that the

HOSPITAL

O

BUREAU V. S.

ISSE CE NI.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05520 05537 MEDICAL EXAMINER'S CERTIFICATE OF DEATH please exe-Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) 1 PLACE OF DEATH o. COUNTY (COUNTY MARYLAND & LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neares Nown) d. NAME OF HOSPITAL (if not in hospital give street address) d. STREET ADDRESS a, to RESIDENCE YES NO 3 NAME OF Middle DATE Month Year DECEASED (Type or print) DEATH 19 5 5. SEX 9. AGE (In years IEUNDER TYFAR 6. COLOR OR TRACE 7. MARRIED NEVER MARRIED 7 TE LINDER 24 HRS Days Months Hours WIDOWED F DIVORCED yrı. 100 USUAL OCCUPATION (Give kind of work done dueing most of working life, even if retired) BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NA 15 WAS PECEASED EVER INUIS, ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? NO TO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) g. m. While Not while at work ot work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection W. Inquiry 177, and find that death resulted fram: Natural causes [47, Suicide , Hamicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE forwarded 1 D FUNERAL ASSISTANT MEDICAL EXAMINER remayat EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREM 22d. LOCATION (City, town, or gount) (Stote) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATU REC'D/BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MEEVA A. T.

DECEIVED YAY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05521 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05538 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institutions, Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY c. CITY OR OWNSUF outside corporate limits, write RURAL and give nearest town b. CITY ON TOWN III outside corporate limits, write c. IBNGTH OF STAY IN 16 negrest to e. IS RESIDENCE d. NAME OF HOSPITAL OR INSPITUTION (If not in hospital, give street d. STREET ADDRESS ON A FARM? YES NO D 4. DATE NAME OF (Month Year DECEASED OF DEATH (Type or print) 9. AGE (In years IF UNDER TYEAR IF UNDER 24 H 5. SEX MARRIED NEVER MARRIED Months Hours Min. Days WIDOWED IT DIVORCED T KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done) 10b. RISTHPLACE (State or foreign country) during most of working life, even # retired) touson 13. FATHER'S NAME MOTHER'S MALDENNNAME Pages age 5 r 15. WAS DECEASED EVER N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INCOMMENT Address INTER AL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (a), stoling the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO D 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f. (C'ty or town) (County) (Stole) factory, street, office bldg., etc.) Hour a.m. Not while al work of work pm. 21. I certify that I took charge of the remains described above, held an Autopsy ... inspection W Inquiry In and find that Undetermined cause . death resulted from: Natural couses ... Accident | Suicide | | Homicide . the the DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or count 22a. BURIAL, CREMATION, 122b. DATE THEREOF (State) REMOVAL (Specify) 0 ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT VS. A15ME(5) 5M 9/55

BUREAU V. 8.

	000	Uż	CERT		TE OF DE	AIF	1		Reg. Dist. N	lo.	
1. PLACE OF DEATH a. COUNTY PRI	NCE GEORGE	s	MAR	YLAND	2. USUAL RESIDEN	D.	ere deceosed		on: Residence be		
b. CITY OR TOWN (RURAL and give o CHE	If outside corporate limi earest town) VERLIX	ls, wrile	c. LENGTH OF STAY	' IN 16			utside corpore	ote limits, write R	URA1 and give	neares) fam	rn)
d. NAME OF HOSPI OR INSTITUTION PRI	TAL (If not in hospital, on NCE GEORGE!	S GE	oddress) NERAL HOSP		d STREET ADD		BLADEN	isburg ri	D.	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fii LAV	rd	Middle		Lost TBAUIZ		4. DATE OF DEATH	Man	th 1	Doy	Year 19 57
5. SEX			RIED NEVER MARRI	ED 🗍 8	8-25-92		5		Months Day		ER 24 HRS.
10a. USUAL OCCUPATION during most of war HOUSEW	ON [Give kind of work king life, even if relired LIE	done 10b.	KIND OF BUSINESS O	OR INDUS			Jerse		12 CITIZEN		COUNTRY
13. FATHER'S NAME	Tho	mas)	D. Riley		Anna J						
15. WAS DECEASED EVE [You, no. or unknown]	R IN U. S. ARMED FOR Iff yes, give wor or dates of s 110		social security no		formant lbert K	The	ibault	Cotta	ge City	Md.	
Conditions, if a gave rise to i couse (a), staling lying cause last.	mmediate (The Diab	Lal Lal ETER ATH BUT I	ME!			CONDITION GIV		/2	mas
200 ACCIDENT WAS OR CONTRIBUTING	* _		CRIBE HOW INJURY O							PERF	OPMED?
Y 20c. TIME OF INJUR Howr a. n. p. m.	Y Month, Day, Yes	20d. II While at wor	NJURY OCCURRED Not while at work	20e. PLA fact	CE OF INJURY (Han ory, street, affice bl	ne, farm, dg., etc.	, 20f. (City o	or fown)	(Coun)	γ)	{State}
21. I certify the alive on	21. I certify that I attended the deceased from 19 to MAY 1, 1957, that I last saw the deceased alive on MAY 1, 1957, and that death occurred at 11/05AM, from the causes and on the date stated above. ACTUAL SIGNATURE 1, 1957, M.D. M.D. MAY 1, 1957, that I last saw the deceased alive on MAY 1, 1957, that I last										
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		F 1957	Port Li		crematory n Cemete			on (City, town, o		(Sto	te)
23. FUNERAL DIRECTOR	Sasch's So	ns H	ADDRESS		24	a. REC'D		AR AND RESIS		URE	

BUREAU V. S.

DECEIVED

_		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
M Ì) <u>[</u>	05505 CERTIFICATE OF DEATH Reg. Dist. No. 245
_/	1	PLACE OF DEATH COUNTY PIL: NCC GEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) o. STATE Maryland PRINCE YEORGE
		b. CITY OR TOWN (If autside corporate Amits, write (c LENGTH OF STAY IN 1b) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL organize neorest town) R: readale, md.
à.		d NAME OF HOSP TAL (If not in hospital/give street oddress) OR INSTITUTION Le (and Memorial 4705-Riverdale Road YES NO 15)
1	3	NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) Jeffrey Ubar DEATH May 21 1957
1	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male Whife widowed DIVORCED 5-21-57 9. AGE (In yours lift UNDER 14 ARS Months Days Hours Min.
I	1	00 USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland USA USA
_		William Where Stalla Szpakowska
,		5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address William Uber Riverdale, Md.
		18. CAUSE OF DEATH [Enter anly one cause per line fos (a), (b), and text] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO
		Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) (b) (b) (c)
(
	248	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 1B) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH
	A CARDINA	S 20c. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Hour a. m. 19 at work at
		21. I certify that I attended the deceased from MMY 1, 195/10 7 195/10 1
- 1		PHYSICIAN'S LW MalinD
	2	20. BURIAL CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Bladensburg Md. Burial May 25, 1957 Evergreen Cometery
		3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D SY REGISTRAR 240 REGISTRAR'S SIGNATURE



VZEL TS YAM

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. L.

VAY 27 1957

BECEINED

VS A15 (4) 15M 9/55

hours after death?

death certificate

DECEINED

ZSGI ET INI.

BUREAU V. S.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05539 Reg. Dist. No. cremation please en 4 shauld i PLACE OF DEASH 2. USUAL RESIDENCE (Where deceased lived. If Institution-Residence before admission) o. COUNTY a. STATE b. COUNTY! MARYLAND b. CITY OR TOWN 11 outside corporate limit c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 0 YES NO P à NAME OF Middle 4. DATE Month Yeor DECEASED [Type or print] DEATH 6. COLOR OR RACE 7. MARRIED THEYER MARRIED TO 8. DATE OF BIRTH 5_SEX 9. AGE |In years IPUNDER TYEAR OF UNDER 24 HRS. Months WIDOWED IP DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poges Rage 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give RM3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Canditians, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS 50 PERFORMED? NO E 20g. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Exam should 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, affice blog., etc.) While Not while 0 m at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [17] Inquiry 1, and find that death resulted fram: Natural causes 1/1. Accident Suicide . Hamicide . Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER 00 SIGNATURE forwarded b ASSISTANT MEDICAL EXAMINER [EXAMINER'S DEPUTY MEDICAL EXAMINER 1 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Woodlarm Cemetery Rurdal 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR VS. AISME(5) Robert G. McGuire 5M 9/55

MEDICAL

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

LEGETVEN. V. S.

Item C Film 05540 CERTIFICATE OF DEATH Rea. Dist. No with directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a. COUNTY b. COUNTY RINCE GEORGES MARYLAND b. CITY OR TOWN (If autside carparote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) CLINTON LINTON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 00 ON A FARM? YES I NO [NAME OF DATE Middle Year DECEASED OF DEATH (Type or print) 195 5. SEX 7. MARRIED NEVER MARRIED 8 DATE OF SIRTH FUNDER I YEAR IF UNDER 24 HRS 9 AGE (In years lost_birthdoy) Months Doys WIDOWED IT papers. 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN and 13. FATHER'S NAME offer 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONCHOPNEUMONIA. DUE TO CONGESTIVE HEART FAILURE Canditions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IZ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING EL-OR CONTRIBUTING ET CAUSE OF DEATH NON (IF SITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slale) factory street office bldg , etc.) White NONE of work 12., 19.57, that I last saw the deceased 21. I certify that I attended the deceased from... and that death occurred at 41.55 M, from the causes and an the date stated above. DIRECT ACTUAL SIGNATURE should ER co 220 BURIAL, CREMATION, 22b. (State) REMOVAL (Specify) 0 240. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.



-	172	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
0	7	film G216 6-20-57 L 055 CERTIFICATE OF DEATH	
octor,	119	PLACE OF DEATH 2. USUAL RESIDENCE LUTtere deceased lived. If institution: Residence Leftore admission)	, -
l dire		MARTIANO ME SOUTH	LE
funero		b. CITY OR TOWN (If ausside corporate limits, writer c. LENGTH OF STAY IN 16 RURAL and give nearest town) 15 Hereby 16 RURAL and give nearest town)	d
in by the	7/7	d. NAME OF HOSPITAL [If gar In haspitol, give street oddress] OR INSTITUTION OF INSTITUTION	T
n 24 ho Filled in ges 1 an	1.4	NAME OF DECEASED (Type or print) HATTELAN NIF MICHEL WOLK I GHT DEATH HOUR 15 195	7
pletely rs. Pog	1	SEX TOLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH SIGN AND STATE OF BIRTH WIDOWED DIVORCED MARRIED MIT MONTHS Days Hours Mir	-
execute and cam on pape death.		SC USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTYPOCC (State or foreign country) 12. CRIZEN OF WHAT COUNTRY (A)	TRY
ician of carbo	7	Toleph Johnson Mary Cook	
n certifii ng phy e remov 72 bou	6	(WAS DECEASED EVER IN 18. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. SUPPRIANT DESCRIPTION SERVICE) 16. SOCIAL SECURITY NO. 17. SUPPRIANT DESCRIPTION SERVICES TO S. 42 THE	Te J
death attendi		PART I. DEATH WAS CAUSED BY: (a) 18 port (c) 1 PART I. DEATH WAS CAUSED BY:	4
the of the Then		592 L DUE TO Chekral Ostenii - 100	
ned b ermit.		Conditions, if any, which gave rise to immediate OUE TO	
non. no sign. sign band in		lying couse lost: (c)	
physical phy	0	PART II. OTHER STONY I CONDITIONS CONTRIBUTING TO DEA THE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPPERFORMED? YES \(\sum \) NOT	Y
ficale the bu		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC al or oth this certi r use as emotion,		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not white at work at work at work 19 at work 19 Not white 19 Not work 19 Not white 19 Not work 19 Not work 19 Not white 19 Not work 19 Not white 19 Not work 19 Not	le)
olNG nospit After l ed fo		21. I certify that I attended the deceased from 57, to 57, to 57, that I last saw the deceased	ased
The The Stack		alive on	
DIRECTION Prior	- 1	SIGNATURE SIGNATURE M.D. 41/3 Herry Bld	
relo RAL share	·	PHYSICIAN'S W. L. ETIENNE Callege Though My	
May be Dege 3		DEMOVAL (Specify) May 28-1957 Close Silver State of CEMETERY OR CREMATORY 22d. LOCATION (City, 19wh, or constry) (State)	
VS A15 (4)	20	ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
15M 9/5S	17	Stin Leest Sons 300-49M.DE Vach DU DATE 28 57 1	_

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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